

PARENT'S INSURANCE SECTION: The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Sections 32220-32224). My medical insurance covers the above named student for a least \$1500 and is issued by:

Name of Medical Insurance Company

Policy/Certificate Number (**required**)

I further assure that the insurance policy or policies I have will cover and remain current and in force during the time the above named student performs any function within the scope of Education Code Section 32220-32224 during the current school year. I also assure that I will notify the school should my insurance coverage change during the current school year.

I also agree to indemnify and hold the San Diego Unified School District harmless against responsibility for insurance coverage required under the aforementioned legal sections. By signing this statement, I agree to accept responsibility for all medical costs for injuries sustained by the above-named student while participating in the school athletic program. Note: Some insurance policies exclude tackle football. Please check your policy.

I declare under penalty of perjury that the above is true and correct:

Parent/Guardian Signature

Printed Parent/Guardian Name

Date

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. The insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses (Education code Section 32221.5).

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling:

- (1) The Healthy Families Program: 1-800-880-5305; www.healthyfamilies.ca.gov
- (2) MediCal: 1-800-541-5555
- (3) San Diego Kids Health Assurance Network (SD-KHAN): 1-800-675-2229; www.sdcounty.ca.gov
3851 Rosecrans Street, Suite 522
San Diego, CA 92110-3115
- (4) Child Health and Disability Prevention Program: 1-800-675-2229 for Homeless or Foster Youth free medical and dental check ups.



STUDENT-ATHLETE'S AGREEMENT (Signature below) I understand that my participation in athletic programs is a privilege. Student-athletes are expected to conduct themselves in an exemplary manner at all times. I understand that I have to establish and maintain athletic eligibility including passing at least 4 subjects in the grading period prior to my participation with a grade point average, in scholarship and citizenship, of 2.0 or above (for complete Athletic Program Eligibility Requirements see SDUSD Administrative Procedure 4172 and www.cifsd.org/eligibility).

I agree to abide by CIF and City Conference policies and rules including the CIF Ethics in Sports and Pursuing Victory with Honor policy.

I agree to abide by the San Diego Unified School District and City Conference Policy Against Hazing (SDUSD Administrative Procedure 6240).

I agree to abide by the S.D. Unified School District's Zero Tolerance Policy, Policy on Alcohol, Tobacco and Other Drugs (SDUSD Administrative Procedure 6298) including the Graduated Sanctions and Interventions for Student Substance Abuse.

I understand that the Athletic Department does not condone the use of alcohol, tobacco or drugs, including performance-enhancing substances. I also understand possession or use of these controlled substances will jeopardize my continued participation in the athletic program.

I agree to abide by and to comply with the rules and code of conduct established by the coach.

Because of the dangers of participating in sports, I recognize the importance of listening to, and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to written instructions and written warnings regarding playing techniques, training methods, rules of the sport, and other team rules.. In addition, should I participate in interscholastic sports, including football, I understand that no helmet or other protective equipment can prevent all head, neck, or other catastrophic injuries I might receive while participating in interscholastic sports, including football.

ATHLETIC TRANSPORTATION (Signature below) SDUSD will take every precaution to assure the welfare and safety of each student participating in athletics. However, it is important that you understand that the school district cannot assume financial or legal liability in the case of injury or accident. Parents are offered the opportunity to buy student insurance, but this insurance does not cover transportation to and from school events or field trips. Such transportation will be by chartered bus and sometimes by private cars driven by parents, students, or school employees. The following are instructions for parents and students who use their car or other vehicles to transport other students on field trips, or to and from school athletic events (SDUSD Procedure 4586):

- a) Check to see that you have a current driver's license (students with "Restricted" driver's licenses are NOT allowed to transport others).
- b) Check safety of vehicle: tires, brakes, lights, horn, suspension, etc. A safety check of the type conducted by the California Highway Patrol is recommended. Also, School Safety Division of the San Diego Police Dept. can be of assistance.
- c) Check adequacy of your liability insurance. You are liable in event of illness, accident, injury or death resulting from such use of your vehicle. State law states that "all persons making any field trip or excursion shall be deemed to have waived all claims against the district (its employees) or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." (Ed. Code 35330)
- d) Carry only the number of passengers for which your vehicle was designed. Number of occupants in a sedan, passenger vehicle, station wagon, or van, including the driver, may not exceed eight. (Ed. Code 39830) Each passenger should be required to use a safety belt.
- e) The number of occupants in a pickup or motor truck may not exceed more persons than can safely sit in the passenger compartment. Motor homes may not be used to transport students. Students are expressly forbidden to ride in the cargo area of pickups or motor trucks whether or not camper shells or other protective coverings enclose these areas. (Ed. Code 39830)
- f) If appropriate, travel caravan style if more than one vehicle is used for a trip.

SAN DIEGO UNIFIED SCHOOL DISTRICT - ATHLETIC POLICY AGAINST HAZING (Signature below) San Diego Unified School District strives to maintain a healthy athletic program in which all students feel safe and welcome and can be proud of the school and athletic programs they represent. SDUSD Administrative Procedure 6240C3F states in part "hazing, in any form, is strictly prohibited. Violation of the law prohibiting hazing is a misdemeanor." (Education Code 32050-52)

Education Code 32050. Hazing As used in this article, "hazing" includes any method of initiation or pre-initiation into a student organization or any pastime or amusement engaged in with respect to such an organization which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university or other educational institution in this state; but the term "hazing" does not include customary athletic events or other similar contests or competitions.

Education Code 32051. Hazing: prohibition; violation; misdemeanor. No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars (\$100), nor more than five thousand dollars (\$5000), or imprisonment in the county jail for not more than one year, or both.

Persons violating this policy shall be subject to site/District discipline including forfeiture of athletic eligibility.

I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal, and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus. (Hazing Policy 5/29/99)

SAN DIEGO UNIFIED SCHOOL DISTRICT - POLICY on ALCOHOL, TOBACCO AND OTHER DRUGS, INCLUDING PERFORMANCE ENHANCING SUBSTANCES (Signature below) SDUSD Administrative Procedure 6298 outlines general legal requirements and administrative procedures governing substance abuse policies and programs for students. It also includes consequences for alcohol, tobacco, and/or drug possession, use, sale, or provision on district school campuses. Procedure 6298 also outlines the Graduated Sanctions and Interventions for Student Substance Abuse. Specific items of Procedure 6298 that directly relate to athletic participation include:

C. General, paragraph r (pg 4): **Performance enhancing substances:** The possession, use, and abuse of androgenic/anabolic steroids and other performance enhancing substances by students is strictly prohibited in compliance with Education Code provisions, Health and Safety Code requirements, and CIF Rule 524. Medical exceptions are defined in Administrative Procedure 6372.

Graduated Sanctions (AP 6298, pg 7) First Offense: **Loss of Eligibility** to participate in interscholastic activity for thirty (30) school days. Summer vacations or holiday breaks do not count towards the 30-school day loss of eligibility requirement. The second offense results in a ninety (90) school day loss of eligibility. These graduated sanctions are based on the grade-level span of the school (e.g., 9-12 for high school) and are cumulative for the student-athlete's high school career. Students are not permitted to start at step one each year. Example: student serves step one (30 days ineligibility) as a freshman and has a repeat offense as a senior. The senior-year offense results in a 90 school day loss of eligibility.

These Graduated Sanctions can be found in the Student Handbook and the entire Administrative Procedure 6298 can be viewed on the SDCS website, <http://prod021.sandi.net/proceures/pdf/pp6298.pdf> and <http://prod021.sandi.net/proceures/pdf/pp6298att2.pdf>

PROCEDURE FOR CONCERNS WITHIN THE ATHLETIC PROGRAM AT THE SCHOOL SITE Discussions about your child's attitude, work ethic, behavior, eligibility, efforts to improve, how a coach treats the child, both physically and verbally, and your child's safety are all appropriate topics for discussion with coaches. Playing time, techniques, strategies, practice organization, and play selection are not appropriate topics for parents to discuss with coaches. Conversations should be confined to your child and should exclude other students, players, and parents. Your child should be included and be present when meeting with the coach. It is not appropriate to speak with at coach immediately before or after a practice or game. The following procedure should be used for contacting coaches:

1. Player speaks directly to position coach
2. Player speaks directly to head coach,
3. Parent may talk to the head coach (by appointment)
4. Parent may contact the athletic director (by appointment)
5. Parent may contact the Vice Principal for Athletics (by appointment)
6. Parent may contact the Principal (by appointment)

A parent contacting a school administrator without following this procedure will be referred back to the coach.

I fully understand the regulations and instructions stated above (Student-Athlete's Agreement, Athletic Transportation, Athletic Policy against Hazing and Policy on Alcohol, Tobacco and Other Drugs, Procedure for Concerns Within the Athletic Program). By signing below, I agree to support these District and school policies and understand that failure to comply could result in dismissal from participating in the athletic program at the school site. Further disciplinary action, as outlined in District policy and procedures, could occur as well. We certify that on every field trip throughout the season our son/daughter will comply as directed. I understand transportation to several away contests is by student vehicles. I realize that failure to comply could result in dismissal from participation in the athletic program at the school site. I have read this information and will allow my son/daughter to try-out for and participate on the school's athletic team.

Printed Student-Athlete's Name

Student-Athlete's Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

PURSuing VICTORY WITH HONOR

SIX PILLARS OF CHARACTER

TRUSTWORTHINESS RESPECT RESPONSIBILITY FAIRNESS CARING GOOD CITIZENSHIP

SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."
2. It's the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character."
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.

Parent/Guardian Initials

Student-Athlete's Initials

PARENT'S MEDICAL STATEMENT AND EMERGENCY INFORMATION (This information is duplicated on the Emergency Card)

FATHER'S WORK PHONE: ()	FATHER'S CELL PHONE or PAGER ()
MOTHER'S WORK PHONE: ()	MOTHER'S CELL PHONE or PAGER ()
FAMILY DOCTOR:	DR. PHONE: ()
EMERGENCY CONTACT NAME:	RELATIONSHIP:
EMERGENCY CONTACT PHONE: ()	CELL PHONE or PAGER: ()

Brief Medical History:

Please answer the following questions regarding your son/daughter/ward:

1. Has had injuries requiring medical attention.	Yes	No
2. Has had an illness requiring hospitalization.	Yes	No
3. Is under physician's care at this time.	Yes	No
4. Has had coughing, wheezing, or trouble breathing during or after activity.	Yes	No
Has had asthma.	Yes	No
Has had seasonal allergies that require medical treatment.	Yes	No
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?	Yes	No
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	Yes	No
6. Have you ever passed out during or after exercise?	Yes	No
Have you ever been dizzy during or after exercise?	Yes	No
Have you ever had chest pain during or after exercise?	Yes	No
Do you get more tired quickly than your friends do during exercise?	Yes	No
Have you ever had racing of your heart or skipped heartbeats?	Yes	No
Have you ever been told that you have a heart murmur?	Yes	No
Has any family member or relative died of heart problems or of sudden death before age 55?	Yes	No
Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month?	Yes	No
Has a physician ever denied or restricted your participation in sports for any heart problems?	Yes	No

7. Have you ever had a head injury or concussion?	Yes	No
Have you ever been knocked out, become unconscious, or lost your memory? .	Yes	No
Have you ever had a seizure?	Yes	No
Do you have frequent or severe headaches?	Yes	No
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	Yes	No
Have you ever had a stinger, burner, or pinched nerve?	Yes	No
8. Have you ever become ill or felt light headed from exercising in the heat?	Yes	No
9. Is hearing impaired, has glasses / contact lenses.	Yes	No
10. Has fixed or removable appliances in mouth.	Yes	No
11. Is there a reason for this individual to avoid participation on a certain sport?	Yes	No

Please explain if yes response: _____

12. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____

Hepatitis B _____ Chickenpox _____

In case of injury I hereby give consent for my son /daughter to have initial first aid administered by school personnel in charge and to be transported to a doctor or hospital for further treatment if necessary.

X

Parent/Guardian Signature

Date

Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
		Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Not cleared

- Pending further evaluation
- For any sports
- For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

Preparticipation Physical Evaluation

ADDITIONAL INFORMATION

Student Name _____

Date of birth _____

IMMUNIZATION INFORMATION

Please record the date of required T-dap booster immunization: _____

AUTHORIZATION FOR STUDENT PARTICIPATION IN ATHLETICS

I, the undersigned, am the parent/guardian of the above named student enrolled at _____, a public school operated by the San Diego Unified School District. I authorize my son/daughter, named above, to participate in athletics during the period of May 1, 2015 through June 30, 2016.

In the event of injury or illness to the above named student, I hereby grant to a duly authorized representative of the San Diego Unified School District to act as guardian/spokesman in granting permission for emergency medical treatment/hospitalization (including anesthesia) if necessary for my student while in route to or from or at the site of school activities. I understand that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I personally assume responsibility for any costs of such care not covered by insurance.

Executed in the City of San Diego, County of San Diego, State of California, on (date)

X