JURUPA HILLS HIGH SCHOOL

# ATHLETIC DEPARTMENT

10700 Oleander Avenue, Fontana 92337 | (909) 357-6300 ext. 16202
Athletic Director, Chad Reed |Athletic Secretary, Melissa R. Pierce | Athletic Trainer, Joe Rivas

# ATHLETIC CLEARANCE INFORMATION

The following criteria must be met for a student to participate in any sport activity here at J Hills.

1. **Athletic Clearance Online Account**
   An account must be created and completely filled out. All waivers need to be electronically signed and your sports physical must be signed at the below link. www.athleticclearance.com (Instructions are on page 2)
   ***Please make sure to sign up for Jurupa Hills and the please select the correct school year.***

2. **Sports Physical**
   Student must obtain a sports physical signed, stamped, and dated after May 1st of the current school year, by a physician. All physicals must be uploaded to the student's online athletic clearance account only. No hard copies of physical will be accepted.
   **Per CIF Bylaw 504, all sports physicals must be completed by a MD or DO**. No PA, NP, or DC may clear an athlete for participation.**

Medical Insurance is a requirement and proof must be uploaded on the students Athletic Clearance account. If student has no medical insurance, an insurance plan can be purchased through Jurupa Hills. A brochure can be picked up from the Athletics Office.

***For more information, please refer to our Athletics Webpage at www.JHILLS.org***

Student ID

Sport(s)

# Fontana Unified School District Participation Physical Evaluation

**Part 1 – Physical Examination Form** (To be completed by a Medical Doctor (MD), Osteopathic Physician (DO), Physician's Assistant (PA-C), or Nurse Practitioner (NP))

**Name:** **Birthdate:** **Age:**

**Gender:** **Height:** **Weight:** **Pulse:** /

**Vision:** R /20 L /20 **Corrected with glasses or contacts:** Y N **Anisocoria:** Y N

1. Physician: please consider reviewing questions on cardiovascular symptoms (see Questions 4-13 attached Medical History Form)

| | MEDICAL | WITHIN NORMAL LIMITS | ABNORMAL FINDINGS |
|---|---|---|---|
| 1 | General Appearance | | |
| 2 | Skin | | |
| 3 | Eyes/Ears/Nose/Throat | | |
| 4 | Hearing | | |
| 5 | Lymph Nodes | | |
| 6 | Heart | | |
| 7 | Pulse | | |
| 8 | Lungs | | |
| 9 | Abdomen | | |
| 10 | Genitourinary (males only) | | |
| 11 | Neurological Function | | |
| | MUSCULOSKELETAL | WITHIN NORMAL LIMITS | ABNORMAL FINDINGS |
| 12 | Neck | | |
| 13 | Back | | |
| 14 | Shoulder/Upper Arm | | |
| 15 | Elbow/Forearm | | |
| 16 | Wrist/Hands/Fingers | | |
| 17 | Hip/Buttocks/Pelvis | | |
| 18 | Thigh | | |
| 19 | Knee | | |
| 20 | Lower Leg | | |
| 21 | Ankle | | |
| 22 | Foot/Toes | | |
| 23 | Overall Functional Movement | | |

☐ Student-Athlete is **CLEARED** to participate in interscholastic sports without restriction.

☐ Student-Athlete is **CLEARED** for sports without restrictions with recommendations for further evaluation and treatment for:

______________________________________________________________________________

☐ Student-Athlete is **NOT CLEARED** for sports:

Reasons and/or recommendations for denial of clearance:

______________________________________________________________________________

______________________________________________________________________________

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of Physician:____________________________________________ Date:______________________

Physician Signature:______________________________________

**PHYSICIAN'S OFFICE STAMP (Physical will not be valid without the stamp below)**

**PHYSCIAL MUST BE DONE ON OR AFTER 5/1/2023 TO BE VALID FOR THE 23/24 SY**

Student ID | Sport(s)

# Fontana Unified School District Participation Physical Evaluation

**Part 2 – Medical History Form** (to be completed by parent/guardian and student prior to receiving Physical Examination)

**Name:** **Date of Exam:** **Birthdate:** **Age:** **Gender:** **Grade:**

**Medicines currently using: List all current prescriptions, over-the-counter medications, and supplements (herbal and nutritional).**

______________________________________________

______________________________________________

**Do you have any allergies:** ☐ **Seasonal/Pollen** ☐ **Food(s)** ☐ **Animals** ☐ **Stinging Insects**

☐ **Other:**

| | GENERAL HISTORY | YES | NO | EXPLAIN |
|---|---|---|---|---|
| 1 | Has a doctor ever denied or restricted you from participating in sports? | | | |
| 2 | Do you have any ongoing medical conditions? If so, please specify below. | | | |
| 3 | Have you ever had surgery? | | | |
| | HEART HEALTH (ATHLETE) | YES | NO | |
| 4 | Have you ever passed out or nearly passed out during or after exercise? | | | |
| 5 | Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | |
| 6 | Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | |
| 7 | Has a doctor ever told you that you have any heart problems? | | | |
| 8 | Has a doctor ever requested a test for your heart? For example, ECG or EKG. | | | |
| 9 | Do you get light-headed or feel shorter of breath than your friends during exercise? | | | |
| 10 | Have you ever had a seizure? | | | |
| | HEART HEALTH (FAMILY) | YES | NO | |
| 11 | Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | | |
| 12 | Does anyone in your family have a genetic heart problem? | | | |
| 13 | Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | | |
| | BONE AND JOINT | YES | NO | |
| 14 | Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | | |
| 15 | Do you have a bone, muscle, ligament, or joint injury that bothers you? | | | |
| | MEDICAL QUESTIONS | YES | NO | |
| 16 | Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | |
| 17 | Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | | |
| 18 | Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | | |
| 19 | Do you have any recurring skin rashes or rashes that come and go, including herpes or MRSA? | | | |
| 20 | Have you ever had a hit to the head or the body that has caused confusion, headaches, memory, or concentration problems? | | | |
| 21 | Have you ever had numbness, tingling, or weakness in your arms/legs after being hit or falling? | | | |
| 22 | Have you ever become ill while exercising in the heat? | | | |
| 23 | Do you or does someone in your family have sickle cell trait or disease? | | | |
| 24 | Have you ever had, or do you have any problems with your eyes or vision? | | | |
| 25 | Do you worry about your weight? | | | |
| 26 | Are you trying to or has anyone recommended that you gain or lose weight? | | | |
| 27 | Are you on a special diet or do you avoid certain types of foods or food groups? | | | |
| 28 | Have you ever had an eating disorder? | | | |
| | FEMALES ONLY | YES | NO | |
| 29 | Have you ever had a menstrual period? | | | |
| 30 | Do you feel your periods are regular (about once per month)? | | | |
| 31 | How old were you when you had your first menstrual period? | Age: | | |

**Please explain any "YES" answers here that could not fit above:**

______________________________________________

______________________________________________

*****I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.*****

______________________ ______________________ ______________________

**Student-Athlete Signature** **Parent Signature** **Date**