



## **2024 / 2025 ARROYO ATHLETIC CLEARANCE PACKET CHECKLIST**

This Athletic Clearance Packet must be completed in full and then the necessary items uploaded via [www.AthleticClearance.com](http://www.AthleticClearance.com) prior to your child(ren) starting athletic activity for the 2024/2025 year. When completed, you will receive a confirmation email, this does not mean that your child(ren) have been cleared. This simply says that it is still under review by AHS. You will receive another email stating that your child(ren) have been cleared to participate in their sport(s). Please give the AHS Staff approximately 24-48 hours to approve your submissions before inquiring about your child(ren)s status.

We are asking that all physical submissions are submitted by June 14th, 2024 (Friday) so that we can have ample time to approve submissions before tryouts begin with no delays in submissions.

### **This packet contains the following hard copy document(s)**

1. Physical Examination Form – This is the form that the health care provider will sign\*

### **Following your Pre-Participation Exam, The checklist below serves as a reminder of what to expect and or upload on Home Campus.**

2. \_\_\_\_\_ **CIF-SS Athlete Code of Ethics** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com))
3. \_\_\_\_\_ **Concussion** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com)) – California legally mandated form
4. \_\_\_\_\_ **Heat Illness** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com)) – CIF Mandated Form
5. \_\_\_\_\_ **Sudden Cardiac Arrest** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com)) – CIF Mandated Form
6. \_\_\_\_\_ **Prescription Opioid** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com)) – CIF Mandated Form
7. \_\_\_\_\_ **CIF MRSA** (online form; signatures required- [AthleticClearance.com](http://AthleticClearance.com)) - CIF Mandated Form
8. \_\_\_\_\_ **EMUHSD Athletic Academic Eligibility** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
9. \_\_\_\_\_ **EMUHSD Athletic Code of Conduct** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
10. \_\_\_\_\_ **EMUHSD Attendance Requirements** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
11. \_\_\_\_\_ **EMUHSD Earned Credit for Completion of Sport** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
12. \_\_\_\_\_ **EMUHSD Spectator Policy and Guidelines** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
13. \_\_\_\_\_ **EMUHSD Team Uniforms Policy** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
14. \_\_\_\_\_ **EMUHSD Termination of Participation Policy** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
15. \_\_\_\_\_ **EMUHSD Transportations and Trips Policy** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
16. \_\_\_\_\_ **EMUHSD Use of Illegal Substances Policy** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
17. \_\_\_\_\_ **EMUHSD Warning to Athletes and Parents** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
18. \_\_\_\_\_ **EMUHSD Statement of Consent** (online form; signature required [AthleticClearance.com](http://AthleticClearance.com))
19. \_\_\_\_\_ **Physical Examination Form (hard copy, multiple signatures required, including MD/DO. Upload when completed to- [AthleticClearance.com](http://AthleticClearance.com))** – CIF mandated form.

○ Kaiser patients, please upload KP form(s) in place of Physical Examination Form.



## **ATHLETIC CLEARANCE ACCOUNT CREATION**

**\*The Athletic Clearance Process and documents must be renewed every academic year**

1. Go to [www.AthleticClearance.com](http://www.AthleticClearance.com)
2. Select California
3. Account-
  - a. If you already have an account, login or
  - b. If new, register for account
    - i. Watch quick tutorial video
    - ii. **Register.** PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)
4. Select Year – 2024/2025
5. Push button “Start Clearance here”
6. **School\* - Type Arroyo and select Arroyo address will populate (4921 Cedar Ave)**
7. Select Year – 2024/2025
8. Select Sport (\*Add multiple sports if you plan to participate in multiple sports)
9. Complete all required fields/forms online (as stated in previous page).

**If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages**
10. **Once you reach the “FILES” page you must print the documents, complete them, and upload them back to the site prior to finalizing the process.**

**\*Reminder the Athletic medical form MUST be signed by a MD/DO/NP/PA-C to be considered completed.**

All data will be electronically filed with our school’s athletic department for **review**.
11. When the student has been **cleared for participation**, an email notification will be sent to you
12. When the student(s) physical is expiring, an email notification will be sent to you 60 days in advance

If you have any questions, please feel free to contact us,

Katy Melvey  
Arroyo Athletic Director  
Direct Line | 626.444.9201 x 3087

Dr. Steve Ortiz  
Assistant Principal, Activities  
Direct Line | 626.444.9201 x 3815

Brian Smith, ATC  
Athletic Trainer  
Direct Line | 626.444.9201 x3083

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

## ■ 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

\_\_\_\_\_

☐ Medically eligible for certain sports

\_\_\_\_\_

\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_