



ATHLETIC CLEARANCE PACKET CHECKLIST- 2024-2025

In order to be eligible to participate in any sport, band, cheer, drill or color guard you will need to complete an online clearance packet. This must be completed prior to any athletic activities on campus for the 2024/2025 academic year, summer 2024 is included!

This packet contains the following document(s)

- **Physical Examination Form** – This is the form that the health care provider will sign*

*Kaiser patients, please upload KP form in place of physical examination form.

EMUHSD and CIF-SS require all sports physical exams to be completed by a qualified medical provider. Qualified exams, signatures and documentation are acceptable from the following:

Medical Doctor, Doctor of Osteopathic, Nurse Practitioner, or Physician's Assistant. (MD, DO, NP, PA)

***Process and documents must be renewed every academic year.**

To start you can scan the QR code or log onto <https://www.homecampus.com/login>

- You will **CREATE AN ACCOUNT: PARENTS** register with valid email username and password.
- If you already have an account, login
- Click on **START CLEARANCE HERE**
- FOR SCHOOL:** Type in Rosemead address will be (9063 Mission Dr, Rosemead, CA 91770)
- Select Year- 2024-25
- Select Sport (*Add multiple sports if you hope to participate in multiple sports)
- Then click **NEXT**
- Complete all required fields/forms online. You won't be able to skip.
*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
- Once you reach the "**FILES**" page you **must print the documents** and later upload your **MEDICAL ELIGIBILITY FORM AND PROOF OF INSURANCE** here to finalize the process.
- Once you have finished all sections you will click **SUBMIT COMPLETED APPLICATION.**
- All data will be electronically filed with our school's athletic department for **review**. You will be sent a confirmation email, **this does not mean you are cleared.**
- When the student has been **APPROVED for participation**, an email notification will be sent to you
- 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 at **626-286-3141**

*Adriana Castañon-Activities Office, x2811 *Marc Harisay-Athletic Director, x2915

*Sandra Salge- Assistant Principal, x2815

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) 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
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
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"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* 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

■ 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: _____

