Online Athletic Clearance

1. Visit **www.AthleticClearance.com** and choose your state.
2. Watch quick tutorial video
3. **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.
4. Login using your email address that you registered with
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Softball in Feb 2018 would be the 2017-2018 School Year.*
   Choose the School at which the student attends and will compete for.
   Choose Sport (see step 10 for multiple sports)
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms. Hit **SAVE** if you don't upload your physical and turn-in to the office. **(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)**
8. **Donate** to your athletic program.
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

Questions? Go to Support.AthleticClearance.com and submit a ticket.

Online Athletic Clearance FAQ

What is my Username?

Your username is the email address that you registered with.

Multiple Sports

Once you complete a clearance for one sport and arrive at the Confirmation Message, you will have the option to check off additional sports/activities for the current school year.
If you decide to participate in an additional sport/activity later on, you can access the multiple sport check boxes by clicking on "Print" under the Confirmation Message of your original Clearance for that specific year.

Physicals

The physical form your school uses can be downloaded on Physicals page. We will accept the physical online (done by uploading the completed form on Step #1) as well as turning in a hard copy to the athletic department.

Document Library

This area is meant to store your files so they can be accessed later in the year or perhaps years following. You can either upload your files to the Document Library then apply them to your Clearance on the Physical page OR you can choose/browse for the file on the Physical page and the file will save to the Document Library for future use.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear or Deny your student for participation. You will receive an email when the student is cleared.

My sport is not listed!

Please contact your school's athletic department and ask for your sport to be activated.

PRE-PARTICIPATION HISTORY & PHYSICAL EXAM

Name: _____ Sex: ☐ F ☐ M Age: _____ Date of Birth: _____

Grade: _____ School: _____ Sport(s) **Please list ALL**: _____

_____

Address: _____ Phone: _____

Personal Physician: _____ ☐ None

Emergency Contact : Name: _____ Relationship: _____ Phone#(s): _____

Attention parent or guardian and athlete: answers to the following questions are very important!!!

Please take the time, read through the questions, and answer to the best of your knowledge.

General Medical History:

	YES	NO
1. Do you have asthma?	☐	☐
2. Do you have diabetes?	☐	☐
3. Do you have high blood pressure?	☐	☐
4. Do you have seizures?	☐	☐
5. Do you have sickle cell trait?	☐	☐
6. Do you have any other major medical problem?	☐	☐
7. Have you ever been hospitalized or had surgery?	☐	☐
8. Do you cough, wheeze or have trouble breathing with exercise?	☐	☐
9. Do you use an inhaler?	☐	☐
10. Do you have a single organ (testicle or kidney)	☐	☐
11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)?	☐	☐
12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance?	☐	☐
13. Do you have any allergies (seasonal, insects, food, or medicines)?	☐	☐
14. Have you ever had a rash or hives develop during or after exercise?	☐	☐
15. Do you have any skin problems other than acne?	☐	☐
16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion?	☐	☐
17. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
18. Have you ever had a stinger, burner, or pinched nerve?	☐	☐
19. Have you ever become ill from exercising in the heat?	☐	☐
20. Have you had mononucleosis or any significant illness in the last 60 days?	☐	☐
21. Do you have trouble with your eyes/vision/ wear glasses?	☐	☐
22. Do you have trouble with your hearing/wear hearing aid(s)?	☐	☐
23. Do you want to weigh more or less than you do now?	☐	☐
24. Do you lose weight regularly to meet weight requirements for your sport or other reason?	☐	☐
25. Do you feel stressed out, tired, or depressed?	☐	☐
26. Are there any other issues you would like to discuss with the doctor?	☐	☐
27. Are your immunizations up to date?	☐	☐
FEMALES ONLY		
28. Are your periods regular (every month)?	☐	☐
29. Are your periods heavy?	☐	☐

Explain "YES" answers here *(use back/page 2 if needed)*: _____

_____

_____

Cardiac History:

	YES	NO
1. Have you ever passed out during or after exercise?	☐	☐
2. Have you ever been dizzy during or after exercise?	☐	☐
3. Have you ever had chest pain or chest pressure during or after exercise?	☐	☐
4. Do you tire easily or more quickly than your friends during exercise?	☐	☐
5. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
6. Have you ever been told you had a heart murmur?	☐	☐
7. Have you ever been told you had an enlarged or weak heart?	☐	☐
8. Has any member of your family:		
• died of heart problems or sudden death before age 50?	☐	☐
• been told they had a serious heart problem before age 50?	☐	☐
• been told they had Marfan's syndrome?	☐	☐
9. Has a physician ever denied or restricted your participation in sports?	☐	☐

Explain "YES" answers here: _____

_____

_____

_____

Orthopedic History:

	YES	NO
1. Have you ever broken or fractured any bones?	☐	☐
2. Have you ever subluxed or dislocated any joint?	☐	☐
3. Have you had any other problems related to your:		
• neck, spine, or back?	☐	☐
• shoulders?	☐	☐
• elbows?	☐	☐
• wrists, hands, or fingers?	☐	☐
• hips?	☐	☐
• knees?	☐	☐
• ankles, feet, or toes?	☐	☐
• other?	☐	☐

Explain "YES" answers here *(put date of injury if known)*: _____

_____

_____

_____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____

Name _____ ID# _____

PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Height _____ Weight _____ Pulse _____ B/P (R arm) _____

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	**Normal**	**Abnormal Findings**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

☐ **May Participate in all sports, *EXCEPT* those listed below:**

_____

☐ **May Participate after completing evaluation/rehabilitation for:** _____

_____

☐ **May Not Participate – Reason:** _____

_____

Recommendations: _____

_____

Signature of Medical Practitioner: _____ **Date of Exam:** _____

Printed Name: _____

Phone Number: _____

Extra Space for "YES" answers from the front: _____

_____

_____

Developed from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.