

# VILLA PARK



# HIGH SCHOOL

A CALIFORNIA DISTINGUISHED SCHOOL

## OUSD Athletic Clearance Process

The Athletic Clearance Process has changed from the format that was utilized in the past. Starting this year all students will have their clearances conducted on line at:

[www.athleticclearance.com](http://www.athleticclearance.com)

The first step is to create an account that will be used throughout your student's high school career.

1. From the link above you will create an account using the "register" key. Provide a valid email address and password.
2. Once you create an account you will have to **verify** your account by reviewing your Email and clicking the link that will be sent to you (be sure to check your spam account on the chance that the Email might be sent there.) Once you have clicked the link you will have successfully started the clearance process.
3. Now **Login** at [www.athleticclearance.com](http://www.athleticclearance.com) with your username and password that you have created.
4. **Select** the "New Clearance" button (upper left corner) to get started.
5. **Complete** any required fields for student information, educational history, medical history, and consent including your **students six digit school identification number**.
6. **Press** submit and you will have now completed the entire registration process.
7. All of this data will be electronically filed with the VPHS athletic department. An Email will be sent to you upon approval of your student forms.
8. **Physical Form:** The physical form is located online at the athletic clearance website for your convenience. Please take the physical form with you when you see your MD or DO. **All completed athletic physicals can be turned in to the Student Center or Principals office during work hours.**

The account that you create will stay with your student throughout their high school career. In upcoming years we will only ask for you to enter your account and update the signature pages. By law each year we require a completed physical.

A handwritten signature in blue ink, appearing to read 'Tom Fox', enclosed within a blue oval scribble.

TOM FOX, ATHLETICS DIRECTOR  
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ORANGE UNIFIED SCHOOL DISTRICT

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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

## 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).

M.D. or D.O. stamp:

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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>†</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>‡</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- 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