

CRHS PHYSICAL PACKET 2019-20

CRHS Athlete:

Thanks for showing interest in our Athletic Program. Below is a check off list of Items that you will need before you can attend try-outs. All forms must be completed and submitted to the Athletic Department **at least 24 hours before the tryout date and will not be accepted after 2:45pm during the school day.**

PLEASE NOTE THAT INCOMPLETE PACKETS WILL NOT BE ACCEPTED!

_____ At least a 2.0 GPA

_____ Proof of Health Insurance (A Copy of the Card is required)

_____ FHSAA Athletic Clearance online registration completed

_____ FHSAA EL2 Physical form completed

_____ FHSAA Concussion in Sports, Sudden Cardiac Arrest, and Heat Illness Prevention online courses completed and certificates turned in (if not watching them as a team)

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. (If this step is skipped, please contact us to activate your account)
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: Football in Sept 2018 would be the 2018-2019 School Year.*
Choose the School at which the student attends and will compete for.
Choose Sport
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms. **(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. Optional **Donation** to your athletic program or pay participation fees (private schools only).
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. PLEASE ONLY CHECK OFF SPORTS YOU KNOW YOU WILL PLAY. Don't just check ones because you are interested in those.

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. Most schools will accept the physical online (done by uploading the completed form on Step #2) as well as turning in a hard copy to the athletic department. Statuses for this page are as follows:

Completed: All upload areas are filled (may not be required)

In Progress: At least one upload area is filled

Incomplete: No files have been uploaded

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.



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for: Tetanus: _____ Measles: _____ Hepatitis B: _____ Chickenpox: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	FEMALES ONLY (optional)		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	42. When was your first menstrual period? _____		
			43. When was your most recent menstrual period? _____		
			44. How much time do you usually have from the start of one period to the start of another? _____		
			45. How many periods have you had in the last year? _____		
			46. What was the longest time between periods in the last year? _____		

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eys/Ears/Nosc/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



LEARNING
CENTER

As per FHSAA Policies 40.1.1, 41.1 and 42.1.1, all student-athletes are required to watch the following FREE NFHS Learn courses annually.

- Concussion in Sports – What You Need to Know
- Heat Illness Prevention
- Sudden Cardiac Arrest

Course Ordering

Step 1: Go to www.nfhslearn.com.

Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “Register” for an account.

Step 3: Click “Courses” at the top of the page.

Step 4: Scroll down to the specific course from the list of courses.

Step 5: Click “View Course”.

Step 6: Click “Order Course.”

Step 7: Select “Myself” if the course will be completed by you.

Step 8: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com.

Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “Dashboard,” click “My Courses”.

Step 4: Click “Begin Course” on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the NFHS Help Desk at (317) 565-2023.

