

# Preparticipation Physical Evaluation

**HISTORY FORM**

DATE OF EXAM \_\_\_\_\_

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____ School _____		Sport(s) _____	
Address _____		Phone _____	
Personal physician _____			
<i>In case of emergency, contact:</i>			
Name _____		Relationship _____	
Phone (H) _____		(W) _____	

**Explain "Yes" answers below.  
Circle questions you don't know the answers to.**

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure			33. Have you every had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart murmur			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart infection			36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

  

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

  

20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>

  

**FEMALES ONLY**

47. Have you ever had a menstrual period?

48. How old were you when you had your first menstrual period? \_\_\_\_\_

49. How many periods have you had in the last 12 months? \_\_\_\_\_

**Explain "Yes" answers here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  
 Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION FORM

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_)

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

### Follow-Up Questions on More Sensitive Issues

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had a least 1 drink of alcohol?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey ( <a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a> ) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc. | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

\*Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD or DO

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN HILLS HIGH SCHOOL**

**ATHLETIC CLEARANCE PACKET**

**Please Return the Following Forms Completed and Signed**

- 1. CUSD Physical Screening Form
- 2. CUSD Athletic Code of Honor
- 3. CUSD Athletic Insurance Verification
- 4. **Photocopy of Insurance Card**
- 5. CUSD Informed Consent & Awareness of Sports Injury Risk

**TO ALL PARENTS/GUARDIANS & STUDENTS OF SAN JUAN HILLS HIGH SCHOOL:**

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District and San Juan Hills High School offer voluntary participation in a wide range of interscholastic athletic teams. **Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior.** Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. This information is mandatory and must be submitted prior to any student's participation in athletics at San Juan Hills High School.

**SAN JUAN HILLS HIGH SCHOOL ATHLETIC SPORT SEASONS**

<b><u>FALL</u></b>	<b><u>WINTER</u></b>	<b><u>SPRING</u></b>
CROSS COUNTRY (boys/girls)	BASKETBALL (boys/girls)	BASEBALL
FOOTBALL	SOCCER (boys/girls)	SOFTBALL
GIRLS GOLF	GIRLS WATER POLO	BOYS GOLF
GIRLS TENNIS	WRESTLING	SWIM & DIVE (boys/girls)
GIRLS VOLLEYBALL		BOYS TENNIS
BOYS WATER POLO		TRACK & FIELD (boys/girls)
SURFING (boys/girls) Year-round		BOYS VOLLEYBALL
PEP SQUAD Year-round		LACROSSE (boys/girls)

**ELIGIBILITY REQUIREMENTS**

- 1) **SCHOLASTIC:** Each athlete must pass 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation if his or her semester GPA falls below a 2.0. A student-athlete will be ineligible for participation if his or her GPA is below a 2.0 for two semesters. Each student is allowed one semester of probation.
- 2) **RESIDENTIAL:** All athletes must reside in the SAN JUAN HILLS HIGH SCHOOL attendance area in a bona-fied residence with their parents or legal guardian (s). All transfers to SAN JUAN HILLS must call the Athletic Director and complete appropriate paperwork.
- 3) **MEDICAL EXAMINATION:** Each athlete must have a physical exam by a qualified physician on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** Each athlete must have a **copy** of a medical insurance card on file **before** participation. Meyers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office at San Juan Hills High School or by calling Myers-Stevens & Toohey at (949) 348-0656 or (800) 827-4695.

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN HILLS HIGH SCHOOL**

**ATHLETIC CODE OF HONOR**

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.
2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)
3. To recognize that student athletes have a primary responsibility to attend and pass their classes.
4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: **trustworthiness, respect, responsibility, fairness, caring, and citizenship.**
5. ***To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, students will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. Students will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (as mandated by CIF Bylaw 524).***
6. To remain as a team member throughout the season of the sport. An athlete who quits or leaves a team after South Coast League play begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches and athletic director.
7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.
8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.
9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

**Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.**

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

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Signature of Athlete

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Date

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Signature of Parent/Guardian

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Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN HILLS HIGH SCHOOL**

**ATHLETIC INSURANCE VERIFICATION**

**ALL PARENTS MUST FILL OUT THIS FORM AND RETURN IT TO THE SCHOOL WITH PROOF OF INSURANCE.**

California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least \$1,500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage.

**If you have the \$1,500** accidental bodily injury insurance, please **fill out ITEM 1** below. **If you do not have** accidental bodily injury benefits for your son, daughter, or ward, please **SEE ITEM 2** below.

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**ITEM 1.** The athlete **has** accidental bodily injury insurance providing at least \$1,500 of scheduled medical/hospital benefits.

Athlete's Name \_\_\_\_\_ Address \_\_\_\_\_

The above named athlete is covered for accidental injury to the limits described by

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**Insurance Company/Health Plan**

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**Policy Number**

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**Parent/Guardian Signature**

***ATTACH COPY OF  
CURRENT  
INSURANCE CARD  
(REQUIRED)***

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**ITEM 2.** The athlete **does not have** the accidental bodily injury insurance required.

**YOU MUST COMPLETE THE APPROPRIATE MYERS-STEVENSON & TOOHEY & CO., INC. APPLICATION.**

**Application and information are available in the Main Office of San Juan Hills High School, or by calling Myers-Stevens & Toohey at (949) 348-0656 or (800) 827-4695.**

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN HILLS HIGH SCHOOL**

**INFORMED CONSENT AND  
AWARENESS OF SPORTS INJURY RISK**

**By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.**

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

**By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.**

**Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.**

If any of the foregoing is not completely understood and you have questions, please contact the athletic director or school administrator for further information.

**We have read and understand the information above and I give permission to my son/daughter, \_\_\_\_\_(print name) to participate.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Athlete's Name**

\_\_\_\_\_  
**Athlete's Signature**

\_\_\_\_\_  
**Date**