☆ NEW! Chico High Athletics has an online process for athletic clearances! ☆

1. Go to athleticclearance.com
2. Click on CA and first register as a new account user
3. Information needed as you begin the process:
   a. Insurance information - company & policy number
   b. Medication list
   c. Prior injury information
   d. Student ID #, Student email, student cell
   e. Both athlete and parent should be there for signatures
4. Once logged in, click on *Start Clearance Here* and begin the process.
5. Once process is completed, the last page says to print and sign. It is not necessary to do this step.
6. Physical forms are still required and are available in the CHS Main Office, Athletics office or school website: chs.chicousd.org/athletics.

**Completed physical forms must be turned in to the Athletics office before any athlete is eligible to practice.**

* Chico High Physical Night is May 22nd at 6pm. *
Start in the front of the school. $10 donation requested. Plan to be here 1-2 hours.

Any questions, please email Kelley Serl at kserl@chicousd.org or call 530-891-3026 ext 102.
### Preparticipation Physical Evaluation

**HISTORY FORM**

**Name** ____________________________  **Sex** ______  **Age** ______  **Date of birth** ______

**Grade** ______  **School** ____________________________  **Sport(s)** ____________________________

**Address** ____________________________  **Phone** ____________________________

**Personal Physician** ____________________________

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**Insurance Company:** ____________________________  **Policy Number:** ____________________________  **REQUIRED**

*Please check with your insurance agent to be sure your plan includes tackle football if your child intends to participate in that sport.*

**In case of emergency, contact:** Name__________________________ Relationship__________ Phone:________

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#### Explain “Yes” answers below. Circle questions you do not know the answers to.

1. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)
   - Yes no

2. Has anyone in your family died for no apparent reason?
   - Yes no

3. Does anyone in your family have Marfan syndrome?
   - Yes no

4. Have you ever had surgery?
   - Yes no

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#### Head

- Neck
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Hand/Fingers
- Chest

#### Neck

- Upper Back
- Lower Back
- Hip
- Thigh
- Knee
- Cal/Shin
- Ankle
- Foot/Toe

#### Explain “Yes” answers here:

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**Signature of Athlete:** ____________________________  **Signature of PARENT:** ____________________________  **Date:** ____________

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Pre-participation Physical Evaluation

Name______________________________________________________________ Date of Birth_______________________
Height_________  Weight__________  %Body Fat (optional)________  Pulse________  BP____/____ (____/____, ____/____)
Vision R 20/________ L20/________  Corrected: Y  N  Pupils: Equal______  Unequal______

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<tbody>
<tr>
<td>MEDICAL</td>
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<tr>
<td>Appearance</td>
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<td>Eyes/ears/nose/throat</td>
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<td>Hearing</td>
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<td>Lymph nodes</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary (males only)+</td>
<td></td>
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<tr>
<td>Skin</td>
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</tbody>
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MUSCULOSKELETAL

| 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