



PALISADES CHARTER HIGH SCHOOL

More Than 50 Years of Innovation and Excellence

All Parents/guardians of athletes and all athletes must complete their **Athletic Clearance Online**.

You MUST turn in a copy of the physical, emergency card, and the signed athleticclearance.com confirmation page to the coach.
(Retain a copy of your athlete's physical for your records)

Registration is at www.athleticclearance.com

Athletes must complete the **online registration process** and upload a copy of your child's most recent physical (must be current and not expire in season).

Video tutorial for online registration:

<https://cartyws.wistia.com/medias/auqpoq4kv6>

MAKE SURE YOUR PHYSICAL EXAM IS CURRENT (Must not expire in season), STAMPED, AND SIGNED BY YOUR PHYSICIAN ONLY

CHECK FOR ALL SIGNATURES, DATES, VISION, BLOOD PRESSURE AND BOXES ARE COMPLETE.

MAKE A PHOTO COPY OF YOUR PHYSICAL EXAM TO KEEP FOR YOUR RECORDS.

INCOMPLETE FORMS WILL PROHIBIT YOUR PARTICIPATION IN ANY SPORTS.

PLEASE VISIT OUR ATHLETIC WEBSITE TO DOWNLOAD THE PARENT STUDENT HANDBOOK AND READ THIS WITH YOUR ATHLETE

Palisades Charter High School
 Sport Pre-participation Physical Examination and Health History

Male _____ Female _____
 School Year: _____

Last Name: _____ First: _____ MI _____ DOB: _____ Grade: _____ Sport(s): _____
 Address/City/Zip: _____ Parent Phone: _____

Health History (completed by student & parent prior to physical exam): explain „YES“ answers; be specific, include approx. dates, current status

Heart Trouble	Yes	No	Asthma	Yes	No	Diabetes	Yes	No	Seizures	Yes	No
Palpitations	Yes	No	Fatigue	Yes	No	High Blood Pressure	Yes	No	Kidney conditions	Yes	No
Chest pain	Yes	No	Dizzy/fainting	Yes	No	Extreme shortness of breath/wheezing	Yes	No	Current skin condition	Yes	No
Family member w heart attack < 50 yrs of age, sudden death	Yes	No	Glasses, contacts, protective equipment, hearing aid	Yes	No	Head trauma, concussion, loss of consciousness	Yes	No	Family history of Marfan syndrome or sickle cell	Yes	No
Any allergies	Yes	No	Any injuries or fractures	Yes	No	Any surgeries or hospitalizations	Yes	No	Any other chronic condition	Yes	No

Parent & student confirm that all of this information is correct and has been reviewed with the doctor during the examination.

List all medications for health conditions: _____

List all allergies(give reactions & meds) and/or asthma triggers: _____

Explain “YES” answers: _____

Student Signature

Date

Parent Signature

Date

PHYSICAL EXAMINATION and review of HEALTH HISTORY (completed by the physician)

Distance Vision: R 20/	L 20/	corrected: Y	N	HT: _____	WT: _____	BMI/% _____	BP: _____	Pulse: _____
Appearance	Normal			Musculoskeletal				Normal
Eyes/Ears/Nose/Throat				Neck				
Neck				Spine				
Cardiovascular				Shoulders/arms				
EKG results if done				Elbows/forearms				
Chest & Lungs				Wrist/hands				
Abdomen				Hips/thigh				
Skin				Knees				
Neuromuscular				Legs/ankles				
Genitalia – hernia (males)				Feet				

Diagnosed Chronic Conditions: _____

() Cleared - Full Activity () Cleared – No management of chronic condition required during school or school sports

() Cleared - Chronic condition management required during school & school sports for _____ Medication: *(use Pali med form)*

() Cleared with restrictions/end date: _____

() Cleared *after* proof of evaluation or rehab for: _____

() Not cleared/reason: _____

Comments: _____

PHYSICIAN STAMP REQUIRED

Physician Name _____ Physician’s Original Signature: _____ Exam Date: _____

