

## 2022-2023 ATHLETIC CLEARANCE INSTRUCTIONS

1. Get a Pre-Participation Exam and medical clearance from a medical doctor and have physical form signed. (Forms available at <https://nhhs.nmusd.us/athletics> or in the Athletics Office)
2. Go to [www.homecampus.com](http://www.homecampus.com) (click on "For Students & Parents", select state)
3. New Students/FR: Create an account; have medical insurance card with you  
(Return athletes: Log-in to existing account)
4. Complete required information – Signatures must be an exact match of what is entered on info page
5. Upload your physical and a copy of your medical insurance card\*
6. Print the Confirmation/Consent page
7. Parent/Guardian and Student sign the Confirmation Message page and email or turn in at the Athletic Office (Must be submitted via e-mail to [jtnguyen@nmusd.us](mailto:jtnguyen@nmusd.us) , or to the Athletics Office to be cleared)

*\*If you cannot upload your physical and insurance card, you may turn it in with your signed Confirmation/Consent Page*

1. [www.homecampus.com](http://www.homecampus.com) Create Account (only one per family)
2. Get clearance from a Medical Doctor
3. Provide a copy of student athlete medical insurance card:

*Examples:*

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

**PREPARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM**

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

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_

Medically eligible for certain sports \_\_\_\_\_

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sports as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature of health care professional: \_\_\_\_\_ MD, DO, NP, or PA

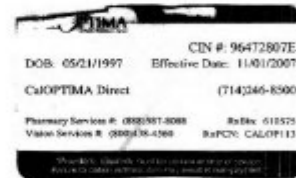
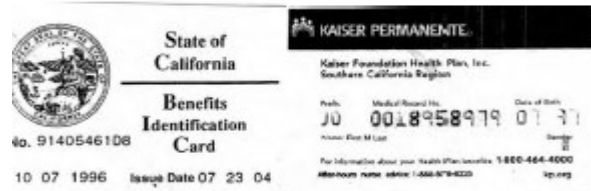
**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_



### 4. HOW TO FIND the Confirmation Message:

**All Clearances** Archived Clearances Purchase History

Newport Harbor

Year	Sports	Status	Student	Submitted by
2022-23	Baseball	Pending	John Doe	[REDACTED]

Student

Parent/Guardian

Medical

Additional Questions

Signatures

Files

Confirmation

Click to view and print confirmation message

# CHECKLIST OF REQUIRED DOCUMENTS

1. Confirmation Message from homecampus.com signed and dated (example below) \*MUST BE SIGNED AND SUBMITTED TO ATHLETICS OFFICE IN ORDER TO BE CLEARED (Please either email to [jtnguyen@nmusd.us](mailto:jtnguyen@nmusd.us) or bring to Athletics Office)
2. Preparticipation Physical Evaluation Form signed by a physician – please be sure to upload the “Medical Eligibility Form” (uploaded) \*Physicals are good for one year after your exam date – please make sure it is dated and signed by the physician
3. Current medical insurance card (uploaded) \*Medical insurance is required to participate in athletics. If you currently do not have medical insurance and would like to purchase, please see the Athletics Office for options.

*\*If you cannot upload your physical and insurance card, you may turn it in with your signed Confirmation/Consent Page to the Athletics Office\**

## Confirmation Message

John Doe  
Newport Harbor | Baseball | 2022-23

Dear [REDACTED]

John Doe's Athletic Clearance to participate in Baseball was submitted to Newport Harbor for review.

**This does not mean that John Doe has been cleared to participate in athletics/activities at Newport Harbor.** An email will be sent notifying you of any updates regarding your clearance status. Please contact the Newport Harbor Athletic Department with any questions regarding the status of your clearance.

By signing below, you confirm that all digital signatures and uploads submitted via the Athletic Clearance process have been completed by the Student and Parent/Guardian on record.

Thank you,  
Newport Harbor Athletic Department

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**EXAMPLE**

# Newport Harbor Athletics

<u>FALL</u> (August - October)	<u>WINTER</u> (November - February)	<u>SPRING</u> (February - May)
Cross Country (Boys & Girls)	Basketball (Boys & Girls)	Baseball
Golf (Girls)	Soccer (Boys & Girls)	Golf (Boys)
Field Hockey	Water Polo (Girls)	Lacrosse (Boys & Girls)
Football	Wrestling (Boys & Girls)	Softball
Tennis (Girls)		Swim (Boys & Girls)
Volleyball (Girls)		Tennis (Boys)
Water Polo (Boys)		Track & Field (Boys & Girls)
		Volleyball (Boys)
		Volleyball - Beach (Girls)
YEAR ROUND: Cheer, Crew, Sailing, Surf		

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



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## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

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

#### 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

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

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 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

- Not medically eligible pending further evaluation  
 Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

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Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_