

CAPISTRANO UNIFIED SCHOOL DISTRICT

Physical Clearance Form

SPORTS: *(Please check all that apply)*

- | | | | | | | |
|--|---|-------------------------------------|---|------------------------------------|--|---|
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Girls Tennis | <input type="checkbox"/> Surfing | <input type="checkbox"/> Girls Water Polo | <input type="checkbox"/> Softball | <input type="checkbox"/> Boys Tennis | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Football | <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Boys Golf | <input type="checkbox"/> Track | <input type="checkbox"/> 0 Flag Football |
| <input type="checkbox"/> Girls Golf | <input type="checkbox"/> Boys Water Polo | <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Boys Volleyball | <input type="checkbox"/> 0 Beach Volleyball |
| 0 Cheer.Song | | | | | | |

Name _____ Grade in 2025-46 _____ Male _____ Female _____ Date of Birth _____ / _____ / _____

Address _____ City & Zip Code _____ Phone _____

Father/Guardian _____ Work phone _____ Cell phone _____

Mother/Guardian _____ Work phone _____ Cell phone _____

Emergency Contact _____ Phone _____ Insurance _____

***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

SIGNATURE OF PARENT/GUARDIAN

Date

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____
Eyeglasses	_____	_____	Dental problems	_____
Contacts	_____	_____	Braces	_____
Problems with hearing	_____	_____	False teeth	_____
Hearing aid.	_____	_____	Painful joints	_____
Blacking out or fainting	_____	_____	Broken bones	_____
Unconsciousness	_____	_____	Body part, date	_____
Convulsions, seizures	_____	_____	Knee or ankle problems	_____
Heart problems	_____	_____	Require support/brace	_____
Rheumatic fever	_____	_____	Need for medication	_____
Bleeding disorders	_____	_____	Name _____	_____
Blood sugar problems	_____	_____	Menstruation problems	_____
Hypoglycemia	_____	_____	Hernias	_____
Diabetes	_____	_____	Asthma	_____
Allergies—type	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF:	_____
Bee or insect stings	_____	_____	_____	_____
Hospitalizations	_____	_____	_____	_____
Any history of chest pain with exercise?	_____	_____	_____	_____
Any history of "racing" heart or skipped beats?	_____	_____	_____	_____
Do you experience passing out, near passing out or unexpected tiredness during exercise?	_____	_____	_____	_____
Any family history of sudden cardiac death in a family member under the age of 50?	_____	_____	_____	_____
Any family history of Marfan's syndrome Or prolonged QT syndrome?	_____	_____	_____	_____
Any history of temporary numbness or paralysis of <i>both</i> arms and/or legs following head/spine trauma?	_____	_____	_____	_____
Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?	_____	_____	_____	_____
Any history of the following: absence of one kidney?	_____	_____	_____	_____
males: absence of one testicle?	_____	_____	_____	_____
Any history of blindness in one eye?	_____	_____	_____	_____
Any current active skin infection?	_____	_____	_____	_____

PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner)

HEIGHT _____ WEIGHT _____

PULSE: RESTING _____ AFTER ACTIVITY _____ B.P. _____

EYES	THROAT	ABDOMEN	ORTHOPEDIC
EARS	LYMPH GLANDS	HERNIA	SKIN
TEETH	THYROID	POSTURE	OTHER
BRACES	HEART	MUSCLE TONE	
NOSE	LUNGS	REFLEXES	

Special doctor recommendations or restrictions _____

I have examined the above student and do recommend that he/she is physically fit for full participation in sports.

(Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER)

Name of physician _____ M.D/DO/PA/NP Date _____ **Physician's Office Stamp**

Signature _____ Phone _____

This physical plus an online clearance constitutes physical clearance



ALISO NIGUEL HIGH SCHOOL

ATHLETIC CLEARANCE CHECKLIST



- 1. Visit www.homecampus.com and in the upper right corner select "For Parents & Students"
- 2. **CREATE an account** and provide a valid email address & password. If you already have an account please log in.
Note: It's important that you include a valid email address as email verification is required prior to registration.
- 3. **SELECT** the "Start Clearance Here!" button (upper right corner) to get started.
- 4. **SELECT** Aliso Niguel High School, the year **2025-26**, and all the sports your athlete plans to participate in.
- 5. **Step #1: Student Information**
 - a. **COMPLETE** all required fields.
 - b. **INSURANCE**- All athletes are required to have insurance. *(If you would like to obtain insurance, please contact the athletics office for a list of resources.)*
- 6. Step #2: Parent/Guarding Information
 - a. **COMPLETE** all required fields.
 - b. Make sure all emails and phone numbers are valid.
- 7. **Step #3: Medical History.**
 - a. **COMPLETE** all required fields:
- 8. **Step #4: E-Signatures**
***Read and Sign All Documents**
 - a. **Parent/Guardian Signature:** Sign all forms the exact way you filled in your name under Parent/Guardian Information.
 - b. **Student Signature:** Sign all forms the exact way you filled in your athletes name under the student Information.

9. **Step #5: Files**

- a. **Physical Form:** upload a scan/picture of physical performed within the last year.
- b. **Proof of insurance:** upload a scan/picture of Insurance Card.

Note: If you need to come back at a later time to upload documents, scroll down and select save to move onto next step.

10. Upon **completion** of all steps the **Registration Confirmation Sheet** will pop up. You will need to print out, sign and email a scan/picture to our Clearance Coordinator Lauren Mott at

lemott@capousd.org

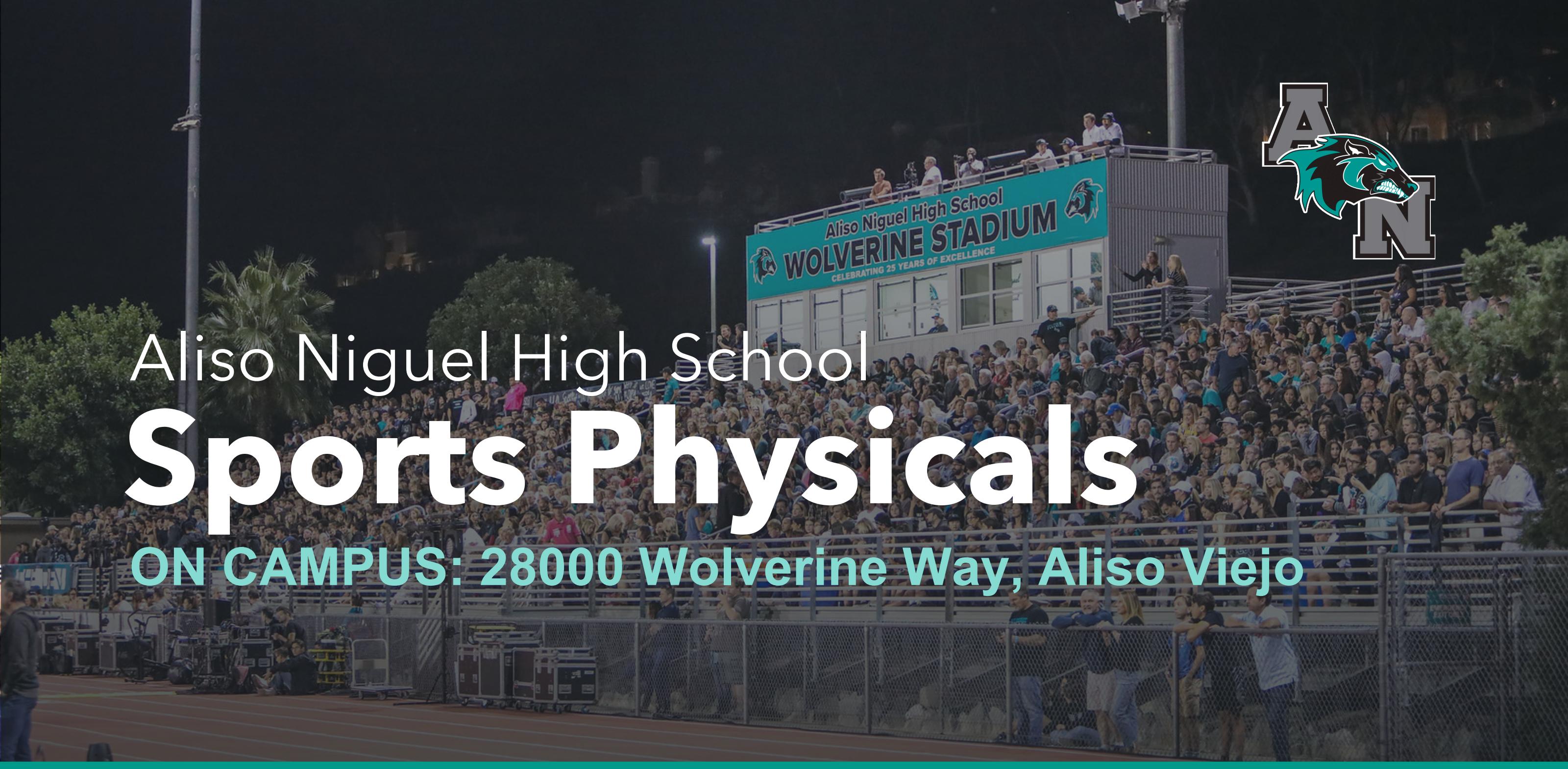
Note: You will also receive this in an email from Home Campus, check your spam if it does not appear in your inbox.

****To be cleared by the athletic office****

- Complete **all** online registration steps
- Upload physical and insurance card
- Email a scan/picture of signed Registration Confirmation page to lemott@capousd.org

YOU WILL NOT BE CLEARED TO PARTICIPATE IN SPORTS UNTIL ALL OF THESE DOCUMENTS HAVE BEEN PROVIDED

-Transfer Students- Each CIF section requires special forms when a student is transferring from one school to another. Make sure you are adhering to all of the eligibility and transfer rules.



Aliso Niguel High School Sports Physicals

ON CAMPUS: 28000 Wolverine Way, Aliso Viejo

Date

May 20 & 21

Pricing

\$40

Time

3:30PM - 6PM

Teaming up

Aliso Niguel High School has partnered with South Coast Medical Group to perform Sports Physicals for the 2026/2027 School Year.

SOUTH COAST WILL DONATE \$20 BACK TO ALISO ATHLETICS



**SOUTH COAST
MEDICAL GROUP**

FAMILY PRACTICE  URGENT CARE



Payment information

Can pay with Venmo, Cash or Check made out to SCMG

@Shannon-OConnor-30445



venmo

Please DO NOT Venmo until the day of your physical.

Please list your student's name in the memo for CREDIT of PAYMENT

What to bring

The top portion of CUSD physical paperwork must be filled and signed by parent/guardian. The bottom portion will be filled out by Physician.

Signed Consent form if athlete is coming without parent/guardian.

Please note: Physicals from Primary Physician are also accepted