

**Additional evaluation suggested:**

\_\_\_\_\_ None  
\_\_\_\_\_ Coach/ Trainer Notification and Clearance  
\_\_\_\_\_ Physician  
\_\_\_\_\_ Family Physician \_\_\_\_\_  
\_\_\_\_\_ Sports Physician \_\_\_\_\_  
\_\_\_\_\_ Orthopedic Physician \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Adv. Nurse Pract. Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Physician's Signature must appear also, if examination is given by Advance Nurse Practitioner  
in written collaborative practice with physician)

**Student Verification**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/ or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent's Permission and Authorization for Treatment**

We hereby give our consent for the above student to represent his/ her school in interscholastic athletics. We also give our consent for him/ her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be in route to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liabilities, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ ward in any activities related to the interscholastic program of his/ her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonable necessary for the welfare of the student, if he/ she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and PERMIT/ DO NOT PERMIT (circle one) my child to drive his/ her vehicle in such a case.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, we certify that it is correct.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# North County Christian School Crusaders

## 2022-2023 Athletic Physical Form

**To be completed by the athlete and the parent. This form is NOT valid  
unless all student information is answered.**

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
Name Relationship

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### Medical History

Please answer the following questions by circling Yes or No. If you answer yes, please explain at the bottom of the form and on the back if necessary.

- |     |                                                                                                                    |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------|-----|----|
| 1.  | Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? | Yes | No |
| 2.  | Do you take any medication of any type?                                                                            | Yes | No |
|     | What do you take? _____                                                                                            |     |    |
| 3.  | Have you ever had a severe allergic reaction of anything?                                                          | Yes | No |
| 4.  | Have you ever had allergic problems such as hay fever, asthma or eczema?                                           | Yes | No |
| 5.  | Do you have difficult breathing or wheezing during or shortly after exercise?                                      | Yes | No |
| 6.  | Have you ever had a heart murmur, racing heart or irregular heart beat                                             | Yes | No |
| 7.  | Have you ever been dizzy or passed out during exercise?                                                            | Yes | No |
| 8.  | Has any family member ever had a heart attack or died suddenly before the age of 50.                               | Yes | No |
| 9.  | Do you have chest pain or tire more easily than others your age when exercising?                                   | Yes | No |
| 10. | Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out?       | Yes | No |
| 11. | Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint?               | Yes | No |
| 12. | Have you every had a concussion or been knock out?                                                                 | Yes | No |
| 13. | Have you ever had a seizure?                                                                                       | Yes | No |
| 14. | Have you ever had burning pain, numbness or tingling in your arm or legs associated with any physical activity?    | Yes | No |
| 15. | Is there any other medical or family history which might be important?                                             | Yes | No |
| 16. | Have you ever been taken out of or kept from participating in a sports activity or practice due to an injury?      | Yes | No |
| 17. | Have you ever required taping, padding or bracing before events or practice?                                       | Yes | No |
| 18. | Do you have damage or absence of one of any paired organs?                                                         | Yes | No |
| 19. | Do you have any skin problems (rash or itching)?                                                                   | Yes | No |
| 20. | In the last year, how much weight have you gained or lost? +/- _____                                               |     |    |
| 21. | What is the last date of your last tetanus booster? _____                                                          |     |    |
| 22. | What is the date of your last MMR? _____                                                                           |     |    |

#### For females only

- |     |                                                                                    |     |    |
|-----|------------------------------------------------------------------------------------|-----|----|
| 23. | What is the date or your last menstrual period? _____                              |     |    |
| 24. | In the last year have you gone for three months or more without a menstrual cycle? | Yes | No |

### Physical

Height _____	Blood Pressure _____ >140/85? _____
Weight _____	Pulse _____
Vision R- _____	Corrected _____ Uncorrected _____
L- _____	Corrected _____ Uncorrected _____
Glasses _____	Contact lenses R _____ L _____ Both _____
HEENT _____	
Neck- ROM _____	Palpation _____ Tenderness _____
Chest _____	Auscultation _____
	Wheezing _____ Rales _____
CV _____	Heart Murmur? _____
	• Murmur increase with valsalva _____
	• Murmur grade III or IV _____
	• Murmur diastolic _____
	Rhythm _____ click _____ rub _____
	Pulses: carotid _____ radial _____ pedal (DP _____ PT _____)
	Edema _____ Cyanosis _____
Abdomen _____	
	Enlarged liver _____ Enlarged Spleen _____
	Hernia _____ Scars _____
GU: _____	Male _____ Testicles R _____ L _____
	Female _____
	Inguinal Hernia _____
Skin: _____	Gen _____
	Rashes _____ Impetigo _____ Herpes S _____
MS _____	Shoulder _____
	Elbow _____
	Wrist/ Hand _____
	Back _____
	Hip _____
	Knee _____
	Ankle _____
	Feet _____
	Other _____
Identified Problems _____	
	_____
	_____
Recommendations Coach/ Trainer _____	
	_____
Marfan >2 (tall _____ Striae _____ Hyper extensibility _____)	
	Upper to lower body ratio >0.9 _____ lens dislocation _____
The above individual has been cleared for participation in the following sports:	
	_____
	_____