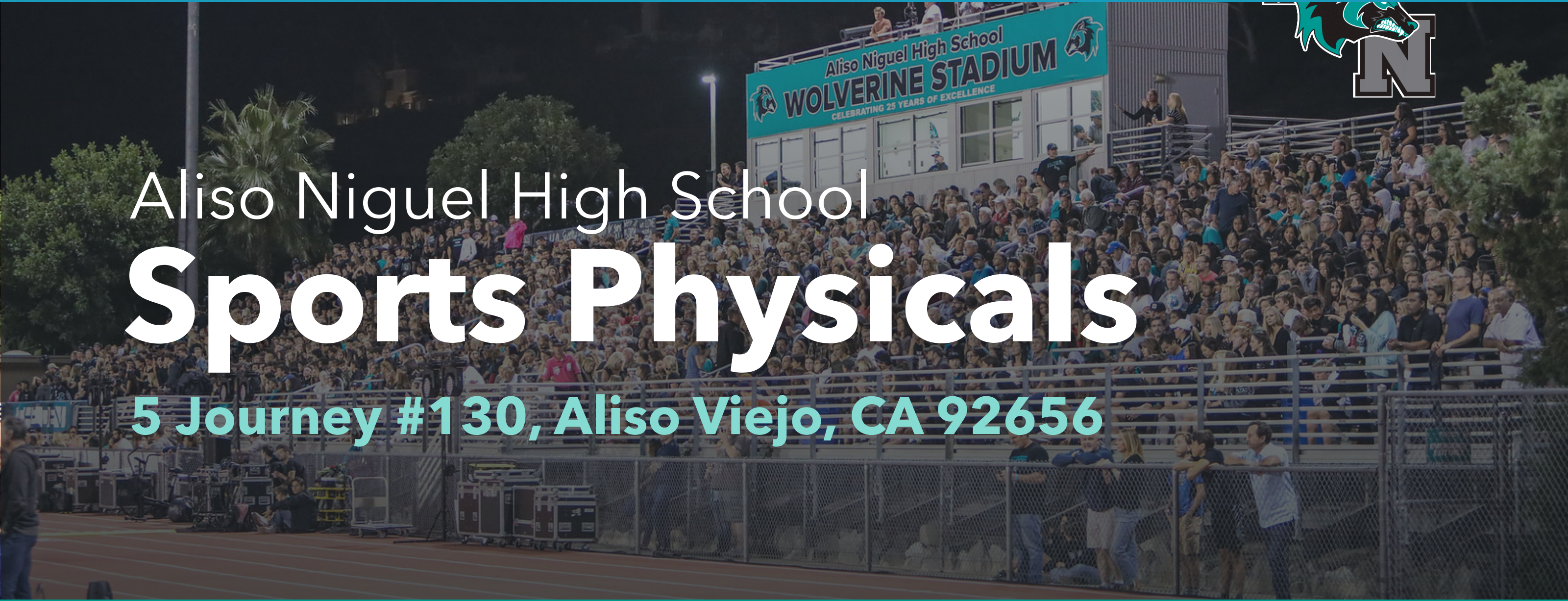




Mask **MUST** be worn in order to receive sports physical.
All CDC guidelines and social distancing will be enforced.



Aliso Niguel High School Sports Physicals

5 Journey #130, Aliso Viejo, CA 92656

📅 Date

May 10 & 11

💰 Pricing

\$40

🕒 Time

4PM - 6PM

Teaming up

Aliso Niguel High School has partnered with South Coast Medical Group to perform Sports Physicals for the 2022/2023 School Year.

SOUTH COAST WILL DONATE \$20 BACK TO ALISO



Payment information

Can pay with check or using Venmo @Doctor-Cheng

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 as also accepted



Paying by Venmo

If paying by Venmo please bring proof that funds have been sent



ALISO NIGUEL HIGH SCHOOL



2022 -2 ATHLETIC CLEARANCE CHECKLIST

1. Visit www.athleticclearance.com

2. **Review** the tutorial video for a quick reference instructional guide.

3. **CREATE or LOG INTO existing account.** If creating account for the first time click the link “register” under “Forgot Password” to create account. Provide a valid email address & password.
Note: It’s important that you include a valid email address because email verification is required prior to registration.

4. Once you have entered your information press submit a page will pop up with a code. Enter this code to continue the process.
Once you submit code you will be able to start the clearance process.

5. **SELECT** the “New Clearance Here!” button (upper left corner) to get started.

6. **SELECT** the year **2022 -2** , Aliso Niguel High School, and also your **first season sport**.

*Note: **Multiple Sport Athletes:** If you think you will participate in other sports during the year you will have the option of choosing other sports after completion of Step #4*

7. **Step #1: Student Information**

a. **COMPLETE** all required fields.

b. **STUDENT ID:** not required

c. **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.)*

8. **Step #2: Medical History.**

COMPLETE all required fields:

a. **Physical Form:** upload a scan/picture from either your computer or from Documents Library

b. **Proof of insurance:** upload a scan/picture from either your computer or your Documents Library

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

9. **Step #3: Parent/Guardian Information**

COMPLETE all required fields

10. **Step #4: E-Signatures**

a. **Parent/Guardian Signature:** Initial all forms

b. **Student Signature:** Initial all forms

c. Click **SUBMIT**

11. 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 Athletic Trainer Lauren Mott at lemott@capousd.org
Only 1 needs to be sent per athlete not all sports.

Note: multiple sport athletes can select additional sports down at the bottom of the sheet and then press “submit”.

***Note:** You will also receive this in an email from the Athletic Department, 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 sheet 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.

CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: *(Please check all that apply)*

Physical Clearance Form

- Cross Country Girls Tennis Surfing Girls Water Polo Softball Boys Tennis Lacrosse
- Football Girls Volleyball Basketball Wrestling Boys Golf Track
- Girls Golf Boys Water Polo Soccer Baseball Swimming Boys Volleyball

Name _____ Grade in 2024-45 _____ 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	_____	_____		
Eyeglasses	_____	_____	Surgeries	_____
Contacts	_____	_____	Dental problems	_____
Problems with hearing	_____	_____	Braces	_____
Hearing aid.	_____	_____	False teeth	_____
Blacking out or fainting	_____	_____	Painful joints	_____
Unconsciousness	_____	_____	Broken bones	_____
Convulsions,	_____	_____	Body part, date _____	_____
seizures	_____	_____	Knee or ankle problems	_____
Heart problems	_____	_____	Require support/brace	_____
			Need for medication	_____
Rheumatic fever	_____	_____	Name _____	_____
Bleeding disorders	_____	_____	Menstruation problems	_____
Blood sugar problems	_____	_____	Hernias	_____
Hypoglycemia	_____	_____	Asthma	_____
Diabetes	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR	
Allergies— type _____			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 _____

Student athletes will not be cleared to participate in sports until this physical AND the online account for the 2022-2023 has been completed at athleticclearance.com.

CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below **(medical card required)**.
If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

ITEM 1 The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical hospital benefits.

ATHLETE'S NAME

PARENT/GUARDIAN SIGNATURE

ITEM 1 PROOF OF INSURANCE IS REQUIRED

****PLEASE ATTACH A PHOTOCOPY OF
INSURANCE CARD HERE****

ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE'S NAME

INTERSCHOLASTIC
TACKLE FOOTBALL
9-12 GRADES

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME
ACCIDENT PLAN

(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL) DENTAL PLANS

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

Parent/Guardian Signature

Date
