



Santa Ana Unified School District  
**CENTURY HIGH SCHOOL**  
*California Distinguished School*

### **Athletic Clearance Directions**

**Students may begin the Clearance process for the 2022-23 School Year on May 1, 2022**

**\*Physical Exams must be completed after May 1, 2022 to be valid for the 2022-23 school year**

#### **Online Clearance Directions:**

1. Go to [www.athleticclearance.com](http://www.athleticclearance.com) and select your language from the top of the screen.
2. Those who are new to the system will need to create a new Log-in.
3. Sign-in and hit "New Clearance".
  - a. Select Year: **2022-23**
  - b. Select School: **Century High School**
  - c. Sport: Select all sports that the student may participate
  - d. Complete the mandatory Medical History fields
  - e. Complete the Parent/Guardian Information fields
  - f. Complete the required Signature Forms (Student & Parent signatures required)
  - g. Upload your completed physical exam form with exam date (dated after 5/1/22), doctor signature and stamp, and parent signature to your athletic-clearance account
  - h. Upload your Post-Covid Athletic Clearance (if you have previously tested positive)
  - i. Upload a picture of your insurance card.
  - j. Once all steps have been completed you will receive a confirmation email. We will review all submissions and email you if there are any issues.

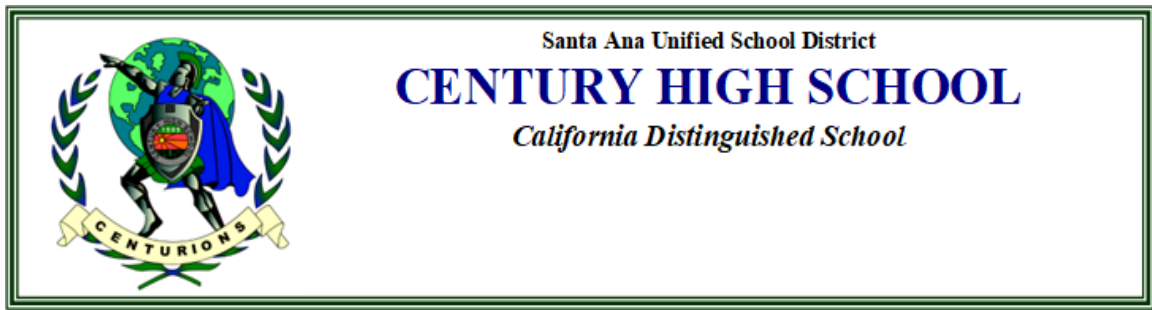
**\*Students are not officially cleared until all steps have been completed and you receive a confirmation email stating that you are cleared.**

**\*\*Some doctors complete the physical on their own form. We will accept their form, but you must also submit our form with a Parent Signature and date on the bottom.**

**\*\*\*An online tutorial is available on the Athletic Clearance website.**

Thank you,

Matt Cavanaugh  
Athletic Director  
[Matt.Cavanaugh@sausd.us](mailto:Matt.Cavanaugh@sausd.us)



## Instrucciones como llenar el paquete de deportes/atletismo

Estudiantes pueden empezar el proceso para participar en deportes a partir del 1 de mayo 2022.

**IMPORTANTE:** Los exámenes físicos para el año escolar 2022-23 deben de ser completados después del **1 de mayo 2022** para que sean válidos.

### Instrucciones como llenar las formas en línea:

1. Ir a [www.athleticclearance.com](http://www.athleticclearance.com) y seleccione su idioma en la parte superior de la pantalla
  2. Aquellos que son nuevos en el Sistema deberán crear una cuenta
  3. Inicie sesión y haga clic en "New Clearance"
    - a. Seleccionar año: **2022-23**
    - b. Seleccionar escuela: **Century High School**
    - c. Deporte: seleccionar todos los deportes en los que el estudiante puede participar
    - d. Completar los campos obligatorios de Historial Médico
    - e. Completar los campos de información del padre/tutor
    - f. Completar los formularios de firma requeridos (se requieren las firmas del estudiante y los padres)
    - g. Suba su formulario de examen físico complete con la fecha de examen (fechado después del 1 de mayo 2022), firma y el sello del médico y la firma de los padre/madre o tutor en su cuenta de athletic-clearance
    - h. Suba su Autorización Atlética Post-Covid (si ha dado positivo anteriormente)
    - i. Suba una foto de la targeta de Seguro del estudiante
    - j. Una vez completados todos los pasos, recibirá un correo electrónico de confirmación.
- Revisaremos todos los envíos y le enviaremos un correo electrónico si hay algún problema.

Los estudiantes no pueden participar oficialmente hasta que se hayan completado todos los pasos y reciban un correo electrónico de confirmación que indique que está autorizados.

Algunos médicos completan el examen físico en su propio formulario. Aceptaremos su formulario, pero también debe enviar nuestro formulario con la firma del padre/madre o tutor y la fecha en la parte inferior.

Un tutorial en línea está disponible en el sitio web [www.athleticclearance.com](http://www.athleticclearance.com)

Atentamente,

Matt Cavanaugh  
Director de Deportes  
Matt.Cavanaugh@sausd.us

# Century High School 2022-23

## ATHLETICS MEDICAL SCREENING FORM



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Gender (circle one) Male / Female  
 Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (circle one) 9 10 11 12

### HEALTH HISTORY

TO BE COMPLETED BY STUDENT-ATHLETE AND PARENT PRIOR TO MEDICAL SCREENING EVALUATION.

Head injury/concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bone/join disorders (broken bones, dislocations, disease, surgery, trick joints, arthritis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia, leukemia, bleeding disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney/bladder problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart trouble, rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis, asthma, bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers, stomach trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies (Foods, medicines, insects, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures, dizzy spells, fainting or convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes, hepatitis, jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking medication regularly (If yes, please list medication, dose, & frequency)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you tested positive for COVID-19 (If yes, complete page 2)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IF YES, PROVIDE DETAILS:**

### MEDICAL SCREENING EVALUATION

MUST BE COMPLETED BY YOUR PHYSICIAN AND DATED AFTER MAY 1ST OF THE CURRENT SCHOOL YEAR.

<input type="checkbox"/> CLEARED FOR FULL PARTICIPATION			<input type="checkbox"/> <b>NOT CLEARED FOR PARTICIPATION: SPECIALIST CLEARANCE/FOLLOW UP REQUIRED</b>			
MD RECOMMENATIONS OR RESTRICTIONS:						
BP	HR	HT	WT	EYE CHART: R L	GLASSES/CONTACTS	BRACES/TEETH
HEENT	HEART	LUNGS	ABDOMEN	HERNIA	BACK	EXTREMETIES
MD PHONE NUMBER ( )			MD PRINT NAME		<b>MD STAMP</b>	
<b>DATE</b>			<b>MD SIGNATURE</b>			

### PARENT CONSENT, ACKNOWLEDGEMENT, AND SIGNATURE

**CONSENT:** By signing below, I hereby give my permission for a screening evaluation.

**ACKNOWLEDGEMENT:** I hereby give my consent for [above named student], hereafter named student, to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school. **I acknowledge that I have reviewed and provided online signatures at athletic-clearance.com for all CIF, SAUSD and Segerstrom High School athletics forms and waivers.**

**Parent Signature** \_\_\_\_\_ Date \_\_\_\_\_

# Santa Ana Unified School District

## Post COVID-19 Athletic Clearance

The California Interscholastic Federation (CIF) strongly recommends that student-athletes who test positive for COVID-19, not return to sports activities until cleared. This form is to be completed by a licensed healthcare provider (M.D., D.O., P.A., Nurse Practitioner). For further clarification please visit:

[https://www.cifstate.org/covid-19/Resources/CIF\\_Eval\\_for\\_CV-19\\_RTP.pdf](https://www.cifstate.org/covid-19/Resources/CIF_Eval_for_CV-19_RTP.pdf)

Name of Student-Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

Participating Sport(s): \_\_\_\_\_

Date COVID-19 Infection Diagnosed: \_\_\_\_\_

If symptomatic, date symptoms resolved: \_\_\_\_\_

### COVID Case:

- Asymptomatic (no symptoms) or mild symptoms (fever, myalgia, chills, and lethargy < 4 days)
- Moderate symptoms (fever, myalgia, chills or lethargy lasting  $\geq 4$  days or hospitalized but not in ICU)
- Severe symptoms (hospitalized in ICU and/or MIS-C)

**Some students, particularly those with moderate to severe illness, may require a graduated return-to-play (RTP) protocol once the student has been cleared by a LHCP (cardiologist for moderate to severe COVID-19 symptoms).**

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19, at least 10 days from positive test, and afebrile for 24 hours and is either cleared for resumption of activity or recommended for cardiology referral.

- Cleared for return to athletics.
- Cleared for return to athletics after completion of a graduated return to play due to the severity of symptoms and/or hospitalization associated with the student's positive COVID-19 diagnosis.
- Not Cleared: Cardiology consultation before clearance.

Examiner's Signature: \_\_\_\_\_

**Office Stamp**

Examiner's Name Printed: \_\_\_\_\_

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