

ONLINE ATHLETIC CLEARANCE

**1 VISIT HOMECAMPUS.COM
CLICK FOR PARENTS & STUDENTS
SELECT STATE**



Return Users

Log into existing account used in previous School Year.

New Users

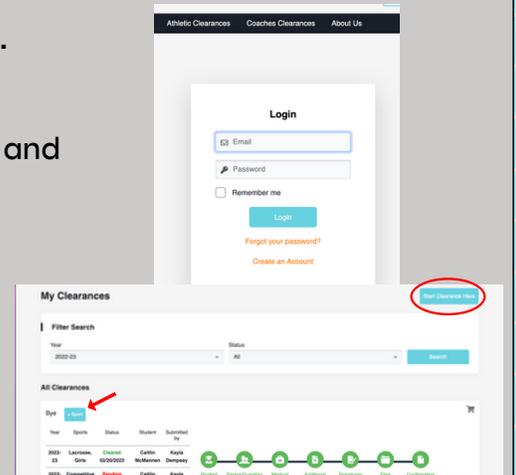
Create an account. Please register with a valid PARENT/GUARDIAN email address as the username and generate a password.

2 SELECT START CLEARANCE HERE

Type in School & Confirm School Address
Select Year
Add Sports

Participating in multiple sports? Use Add New Sport button.

Need to add a Sport to an existing application? Click + Sport button and verify application data.



3 COMPLETE ALL REQUIRED FIELDS

Student Information, Parent/Guardian Information, Medical History, Signature Forms, and upload any File(s).

Student Info & Parent Guardian Info

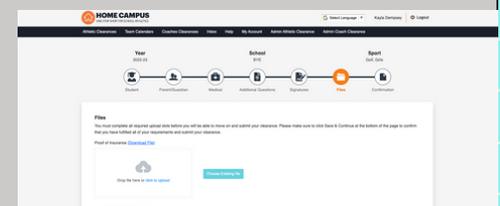
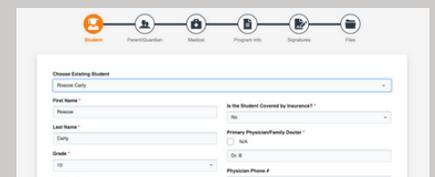
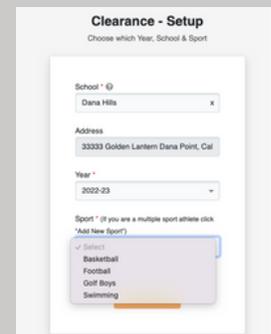
Type in Student & Parent/Guardian Information. This information will be saved for future clearances. Utilize the drop down menu to autofill information for subsequent clearances.

Signatures

Sign required documents by typing in an EXACT match of what is on the Student & Parent/Guardian page.

Files

Drag & drop or browse from your computer to add a file. Select Choose Existing File to search for a previously uploaded file.



**CLICK
SUBMIT COMPLETED
APPLICATION**

4 CONFIRMATION MESSAGE

Your clearance is ready for review by your school once you have reached the CONFIRMATION MESSAGE page.



**THE STUDENT IS NOT CLEARED YET!
THE SCHOOL MUST REVIEW AND CLEAR THE STUDENT. AN EMAIL NOTIFICATION WILL BE SENT ONCE THE SCHOOL HAS REVIEWED AND CLEARED THE STUDENT FOR PARTICIPATION.**

CONTACT HOME CAMPUS
SUPPORT@HOMECAMPUS.COM
[ATHLETIC CLEARANCE HELP ARTICLES](#)

QUESTIONS?
USE THE HELP ICON AT THE BOTTOM
RIGHT SCREEN FOR ASSISTANCE!



Please Have These Items Handy When Completing Your Athletic Clearance Packet

See below for what you will need to have ready to upload to your Student-Athlete account in order to be cleared to participate in CDM High School Athletics:

- HIGH SCHOOL ATHLETIC PRE-PARTICIPATION EXAM FORM** (see below)
The Student-Athlete's Parent or Legal Guardian must complete, sign and date the top portion of this specific form regardless of the physical exam form used by the doctor's office. This form is available on the CDM HS Athletics website.
- PHYSICIAN'S PHYSICAL EXAM & CLEARANCE FORM**
Physician's portion must be signed and dated by a physician and include the doctor's office stamp.
- DIGITAL IMAGE OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD**
This can be in the form of photographs or scanned images.

USE THIS SPECIFIC FORM
It is available on the CDMHS Athletics website

Regardless of whether or not the physician uses this specific form for the Student-Athlete's physical exam and clearance, the top portion of this specific form must be completed, signed, dated and uploaded to the account by a Parent or Legal Guardian.

HIGH SCHOOL ATHLETIC PRE-PARTICIPATION EXAM FORM				Circle One: CDMHS CMHS EHS NHHS			
Name: (PRINT LEGIBLY)		Last		First		Middle or Nickname	
Grade:		M/F		Circle			
Birthdate:		Student ID #:		SPORT:		Fall Winter Spring	
Section A: REQUIRED HEALTH HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN							
Has your child: <small>if you answer "YES" to any questions, please explain below.</small>							
1.	Had a medical illness or injury that has disqualified him/her from athletic participation?	YES	NO				
2.	Ever been hospitalized or undergone any surgical operations(s)?	YES	NO				
3.	Had an ongoing chronic or serious illness (such as diabetes, kidney problems, seizures or asthma)?	YES	NO				
4.	Ever taken any supplements or vitamins to help gain/lose weight or improve athletic performance?	YES	NO				
5.	Ever passed out during/after exercise or became ill from exercising?	YES	NO				
6.	Ever tired earlier than expected during exercise or complained of extreme fatigue?	YES	NO				
7.	Ever had chest pain or unusual/irregular heartbeats during or after exercise?	YES	NO				
8.	Had any history of heart problems, heart murmur, high blood pressure or high cholesterol?	YES	NO				
9.	Had any family history of specific heart issues? If "YES," check all that apply:	YES	NO				
10.	<input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Long QT Syndrome	YES	NO				
11.	Had any history of concussion, head injury, loss of memory or being unconscious?	YES	NO				
12.	Had any history of seizures, convulsions or fainting episodes?	YES	NO				
13.	Had frequent or severe headaches?	YES	NO				
14.	Ever had a "stinger," "burner," or pinched nerve (numbness or tingling down an extremity)?	YES	NO				
15.	Had any problems with vision that require glasses, contacts, or protective eyewear?	YES	NO				
16.	Had special protective or corrective equipment/devices that are not usually used for sports? Examples: knee brace, neck roll, foot orthotics, retainer for teeth, hearing aids?	YES	NO				
17.	Been diagnosed with a contagious skin condition within the past month?	YES	NO				
18.	Ever broken/fractured any bones or dislocated any joints?	YES	NO				
19.	Had any recurring problems with pain or swelling in back, muscles, tendons, bones or joints?	YES	NO				
20.	Is your child currently under the care of a physician for any medical, orthopedic or emotional concerns?	YES	NO				
21.	Had any history of asthma, allergies to foods, medicines, or stinging insects? If "YES," what medications are used? <input type="checkbox"/> Inhaler <input type="checkbox"/> Pen needed?	YES	NO				
22.	Does your child require any special health procedure(s) during the regular school day or during athletics?	YES	NO				
23.	Is your child currently taking any prescription or "over-the-counter" medications or using an inhaler or Ep-Pen? If "YES" Please List All Medication: _____ Dose: _____ Frequency: _____	YES	NO				
24.	Does your child have a history of having COVID-19? Date: _____	YES	NO				
25.	Has your child received the COVID-19 vaccine? 1 st Dose Date: _____ 2 nd Dose Date: _____ Booster Dose Date(s): _____	YES	NO				
If you have answered "YES" to any of the above questions, please explain: _____							
I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.							
Parent/Guardian Signature: _____				Date: _____			
Section B: PHYSICAL EXAM REQUIRED FOR ALL ATHLETES: To be completed by HEALTHCARE PROVIDER							
General: Normal		Chest/Lungs: Normal		Visual acuity (Distance): Right: / Left: /			
Eyes, ears, nose, throat		Neck		<input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected			
Cardiovascular		Abdomen		Height: _____ Blood pressure: _____			
Femoral pulses		Skin		Weight: _____ Pulse: _____			
Musculoskeletal: Normal		Normal		Normal		Discussion Points: Mental Health Nutrition/Supplements	
Neck/Shoulder		Hips/Thighs		Arms/Hands		Stressed or under a lot of pressure Supplements/Steroids	
Spine		Knees		Ankles/Feet		Sad/Hopeless/Depressed/Anxious Eating Habits	
COMMENTS: _____							
Recommendation: <input type="checkbox"/> Full activity-No restrictions <input type="checkbox"/> Activity with restrictions (explain below) <input type="checkbox"/> No contact sports <input type="checkbox"/> No participation <input type="checkbox"/> Other							
Please explain restrictions: _____							
Examining Healthcare Provider (please print): _____				Healthcare Provider Office Stamp			
MD/DO/NP/PA ONLY				Required			
Signature: _____							
DATE OF EXAM: _____ Phone: _____				**NOT VALID WITHOUT STAMP**			
NOT ACCEPTED WITHOUT DATE							