Confirmation Message

Temecula Valley | | 2024-25

YOUR ATHLETES NAME & SPORTS PARTICIPATING IN WILL BE SHOWN HERE

Dear Student-Athlete and Parent:

This message is to confirm that ...e information, consent forms, and physical wil... ...s been officially cleared to participate

EXAMPLE

THE ONLINE CLEARANCE MUST BE COMPLETED
FOR THE 2024-2025 SCHOOL YEAR
YOUR CONFIRMATION PAGE MUST HAVE
A LIVE SIGNATURE FROM BOTH PARENT/GUARDIAN
AND STUDENT ATHLETE

For students interested in an ad...

The final step in this process re... partici...g digital signatures. Please read, ...al and insura... ...ification forms.

I hereby give my consent for B... ...rize the student to go with and be supervised by a represer... ...njured, you are authorized to have the student treated and I a... ...examination, anesthetic, medical, or surgical diagnosis c... ...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 an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said a 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.

Your signature also verifies that you and [student] initialed the following documents digitally on athleticclearance.com:

1. Activities/Athletic Rules
2. Code of Ethics
3. Concussion Information Sheet
4. Consent for Treatment by Athletic Trainer
5. Hold Harmless and Indemnification Agreement
6. Injury Warning to Athletes & Parents/Guardians
7. Insurance Statement
8. NCAA Coversheet - Acknowledgement and Clearance
9. NCAA Eligibility
10. Social Media Acceptance Policy
11. Statement of Consent
12. Sudden Cardiac Arrest Information Sheet
13. Victory with Honor: Code of Conduct for Parents/Guardians

Parent Signature _____

SIGN HERE

Student Athlete Signature _____

SIGN HERE

Pre-Participation Physical Evaluation

HISTORY FORM *(should be filled out by the student and **parent/guardian** prior to the physical examination)*

Name ______ Sex ______ Age ______ Date of birth ______

Grade ______ School ______ Sport(s) ______

Home Address ______ Phone ______

Personal physician ______ Parent Email ______

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are cur...

EXAMPLE

THIS FORM CAN BE PRINTED FROM THE
ONLINE WEBSITE UNDER THE ATHLETICS TAB
OR PICKED UP FROM THE
ACTIVITIES/ ATHLETICS OFFICE IN ROOM # 201
IT MUST BE FILLED OUT & SIGNED BY BOTH THE
PARENT/GUARDIAN & ATHLETE PRIOR TO THE PHYSICAL

PRINTABLE PRE-PARTICIPATION PHYSICALS CAN BE PICKED UP
FROM THE ATHLETICS OFFICE IN ROOM 201,
OR FOUND ON THE TVHS ATHLETICS WEBSITE
mailto:https://www.tvusd.k12.ca.us/cms/lib/CA02208611/Centricity/Domain/11894/Physical%20and%20Health%20History%20Forms1.pdf

9. ... problems? If so, check all that apply:
☐ High blood pressure ☐ A heart murmur
☐ High cholesterol ☐ A heart infection
☐ Kawasaki disease ☐ Other: ______

10. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

11. Do you get lightheaded or feel more short of breath than expected during exercise?

12. Have you ever had an unexplained seizure?

13. Do you get more tired or short of breath more quickly than your friends during exercise?

Heart Health Questions About Your Family	Yes	No
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		

Bone And Joint Questions	Yes	No
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
19. Have you ever had any broken or fractured bones or dislocated joints?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
21. Have you ever had a stress fracture?		
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
23. Do you regularly use a brace, orthotics, or other assistive device?		
24. Do you have a bone, muscle, or joint injury that bothers you?		
25. Do any of your joints become painful, swollen, feel warm, or look red?		
26. Do you have any history of juvenile arthritis or connective tissue disease?		

SIGN HERE

	Yes	No
38. Do you have headaches with exercise?		
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)?		
40. Have you ever been unable to move your arms or legs after being hit or falling?		
41. Have you ever become ill while exercising in the heat?		
42. Do you get frequent muscle cramps when exercising?		
43. Do you or someone in your family have sickle cell trait or disease?		
44. Have you had any problems with your eyes or vision?		
45. Have you had any eye injuries?		
46. Do you wear glasses or contact lenses?		
47. Do you wear protective eyewear, such as goggles or a face shield?		
48. Do you worry about your weight?		
49. Are you trying to or has anyone recommended that you gain or lose weight?		
50. Are you on a special diet or do you avoid certain types of foods?		
51. Have you ever had an eating disorder?		
52. Do you have any concerns that you would like to discuss with a doctor?		

Females Only	Yes	No
53. Have you ever had a menstrual period?		
54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		
55. How old were you when you had your first menstrual period?		
56. How many periods have you had in the last 12 months?		

Explain "yes" answers here

SIGN HERE

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ______ Signature of parent/guardian ______ Date ______

Per CIF & TVUSD Rules, this is a form that can be used for athletic physicals

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ **Date of Birth** _____

EXAMINATION			
Height:_____ **Weight:**_____	☐Male ☐ Female		
BP: ____/____ (____/____, ____/____) **Pulse:** _____ **Vision: R 20/**_____ **L 20/**_____ **Corrected:** Y N			
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**	
Appearance •Marfan stigm excavatum, a MVP, aortic i			
Eyes/ears/nose •Pupils equal •Hearing			
Lymph nodes			
Heart[a] • Murmurs (au • Location of p			
Pulses • Simultaneou			
Lungs			
Abdomen			
Genitourinary (r			
Skin •HSV, lesions s			
Neurologic[c]			
MUSCULOSKE			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fin			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck-walk, sir			

[a]Consider ECG, echo

party present

is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

PURCHASE YOUR TICKETS:

PURCHASE YOUR TICKET THROUGH GO FAN

UNDERNEATH THE ATHLETICS TAB IN "TICKET SALES"

SHOW A COPY OF YOUR DIGITAL TICKET AT CHECK IN

EVENT ALERT: REMEMBER YOU MUST BE REGISTERED ON HOME CAMPUS FOR THE 2024-2025 SCHOOL YEAR

TVHS ATHLETICS

Temecula Valley High School Events

TVHS SPORTS PHYSICAL DAY

Physicals:

Saturday May 18, 2024 (Check-In begins at 8:00 AM)

☐ **Cleared for all sports without restriction**

☐ **Cleared for all sports without restrictions with recommendations for further evaluation or treatment for** _____

_____

☐ **NOT Cleared**

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports_____

Reason: _____

Recommendations: _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician: _____ **Date** _____

Address: _____ **Phone** _____

Signature of Physician: _____ MD, DO, PA or NP

STAMP REQUIRED FOR VERIFICATION