



MANTECA HIGH ATHLETIC CLEARANCE FORM

Last Name: _____ Grade: _____ Age: _____ Date Of Birth: _____

First Name: _____ Address: _____

Parent's Name: _____ Contact #: _____

Have you attended any other high school? Yes ___ No ___

If you answered yes please list the name of the school: _____

This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.

Have you ever had any of the following (please circle Y or N):

<u>YES</u>	<u>NO</u>
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

1. Head Injury
2. Back or neck problems or curvature of the spine
3. Broken Bones, dislocations, or amputations
4. Polio or problems with foot, knee, or other joints
5. Eye injury, eye surgery, eye disease
6. Wear glasses, contacts, hearing aid or dentures
7. Headaches-other than minor headaches
8. Drug addiction, mental illness, nervous disorder
9. Epilepsy, fits, fainting, or dizzy spells
10. Lung trouble, shortness of breath, asthma
11. Heart trouble, rheumatic fever

<u>YES</u>	<u>NO</u>
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

12. Anemia, leukemia or other blood disorder
 13. Diabetes
 14. Hernia, kidney problem, testicle problem
 15. Enlarged spleen or liver
 16. Surgery other than tonsils
 17. Family history of sudden death
 18. Presently taking any medication (list below)
 19. Allergic to medicine, foods, bee stings, etc.
 20. Do you have any ongoing medical problems
 21. Do you know of any reason why you should not participate in sports? _____
- Date of last tetanus immunization
(recommended every 3 years)

Current Medications _____

NO CHIROPRACTOR Exams Accepted

PHYSICIANS PHYSICAL EXAM

Date: _____ B/P: _____ Sex: M or F Weight: _____ Height: _____

I have examined this student and have found him / her: (check one) Fit for Sports In need of further evaluation:

Reason: _____

Physician Signature _____

Place physician/clinic stamp here

Office Phone: _____ Physicians Stamp: _____

****FORM IS NOT VALID WITHOUT PHYSICIAN / CLINIC STAMP****

Parent Signature _____ Date _____

Physical form must be uploaded to Home Campus account

