

Check Your Sport(s):

MUSD ATHLETIC CLEARANCE

School Year 2026 - 2027

FALL

- Football, Girls Volleyball, Girls Golf, Girls Tennis, Cross Country, Water Polo, Girls Flag Football

SPRING

- Boys Tennis, Boys Golf, Softball, Baseball, Swimming, Track & Field, Boys Volleyball

WINTER

- Boys Basketball, Girls Basketball, Wrestling, Boys Soccer, Girls Soccer

Activities:

- eSports, CHEER

Last Name, Grade, First Name, Age, D/O/B, Address, Parent's Name, Contact #, Have you attended any other high 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):

Table with 3 columns: YES/NO, Question (1-21), YES/NO. Includes questions about injuries, chronic conditions, and medications.

Current Medications

PHYSICIANS PHYSICAL EXAM section containing exam date, student info, physician signature, and stamp area.

MEDICAL INSURANCE

California law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team...

Insurance form fields for Company Name, Group or Policy #, and a notification statement.

EMERGENCY INFORMATION (Person to contact if parents cannot be reached)

Name and Phone fields for emergency contact.

For Office Use Only section with fields for CIF status, Submitted, Approved, and Date.