LATHROP 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):

YES	NO	
Y	N	1. Head Injury
Y	N	2. Back or neck problems or curvature of the spine
Y	N	3. Broken Bones, dislocations, or amputations
Y	N	4. Polio or problems with foot, knee, or other joints
Y	N	5. Eye injury, eye surgery, eye disease
Y	N	6. Wear glasses, contacts, hearing aid or dentures
Y	N	7. Headaches-other than minor headaches
Y	N	8. Drug addiction, mental illness, nervous disorder
Y	N	9. Epilepsy, fits, fainting, or dizzy spells
Y	N	10. Lung trouble, shortness of breath, asthma
Y	N	11.Heart trouble, rheumatic fever

YES	NO	
Y	N	12. Anemia, leukemia or other blood disorder
Y	N	13. Diabetes
Y	N	14. Hernia, kidney problem, testicle problem
Y	N	15. Enlarged spleen or liver
Y	N	16. Surgery other than tonsils
Y	N	17. Family history of sudden death
Y	N	18. Presently taking any medication (list below)
Y	N	19. Allergic to medicine, foods, bee stings, etc.
Y	N	20. Do you have any ongoing medical problems
Y	N	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 _____

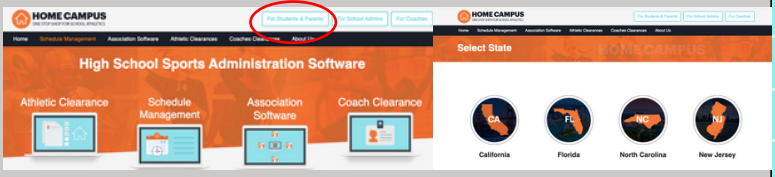
Physical form must be uploaded to Home Campus account

Updated 12/8/2025

ONLINE ATHLETIC CLEARANCE

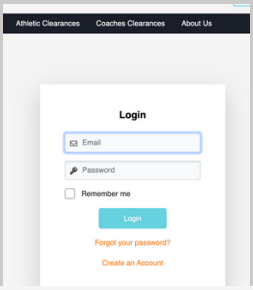
1

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.

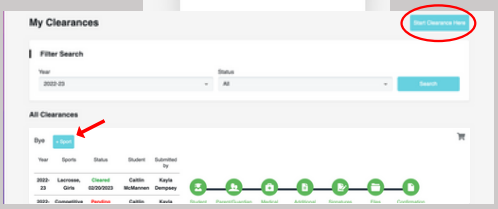


2

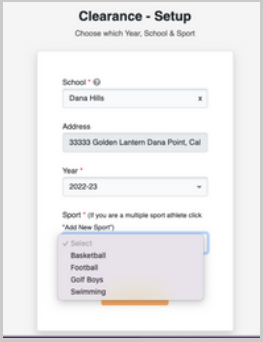
SELECT START CLEARANCE HERE

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.

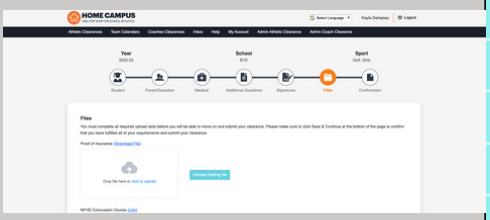
Signatures

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



Files

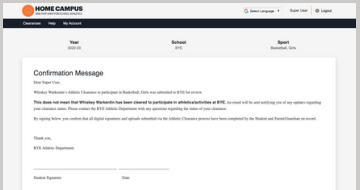
Drag & drop or browse from your computer to add a file. Select Choose Existing File to search for a previously uploaded file.



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!

Help