



McLane High School Clearance
Checklist for Athlete Participation

- 1) Complete Family ID. ☐
(a) Instructions on how to FamilyID on the next page.

- 2) **Complete Physical Sheet (front and back).** ☐
(a) Physical must be completed after June 1st, **2026.**
by an MD/DO/PA/NP. ☐
(b) **Physical must be stamped by the Doctor's Office**
to be accepted.(ON THE BACK) ☐

- 3) Once items 1 and 2 are complete, the Athlete must visit
Athletic Trainer Suzy Ghattas in person at the Athletic
Training Clinic to submit Physical for Review. ☐

- 4) If an Athlete is a Transfer, he/she must:
(a) Complete all necessary paperwork provided by coach.
(b) Set up a meeting with Athletic Director Burnett for processing,
Via Email at Jimmy.Burnett@fresnounified.org. ☐

If you have any questions or concerns regarding Clearance for participation in Athletics, feel free to reach out to Athletic Trainer and Assistant Athletic Director: Suzy Ghattas at Suzy.Ghattas@fresnounified.org or Athletic Director JD Burnett at Jimmy.Burnett@fresnounified.org.



McLane Athletic Registration



McLane Athletics is excited to announce that we are offering the convenience of online athletic registration through FamilyID (www.familyid.com).

FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our athletic programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile.

BEFORE YOU REGISTER:

You must have a valid email address in order to sign up and register for FamilyID.

INFORMATION NEEDED TO REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

Doctor information, Health Insurance Information, Student ID number

REGISTRATION PROCESS:

A parent/guardian should register by following this link: <https://www.familyid.com/mclane-high>

Follow these steps:

1. To find your program, click on the link provided by the Organization above and select the registration form under the word **Programs**.
2. Next click on the green **Register Now** button and scroll, if necessary, to the **Sign Up/Log In** green buttons. If this is your first time using FamilyID, click **Sign Up**. Click **Log In**, if you already have a FamilyID account.
3. **Sign Up** for your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select the agreement to the FamilyID Terms of Service. Click **Sign Up**.
4. You will receive an email with a link to activate your E-mail filters (spam, junk, etc.).
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com
6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
7. Click the **Save & Continue** button when your form is complete.
8. Review your registration summary.
9. Click the green **Submit** button. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at www.familyid.com to update your information and to check your registration(s). To view a completed registration, select the 'Registration' tab on the blue bar.

PLEASE REMEMBER THAT A CURRENT PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER AT MCLANE HS.

Preparticipation Physical Evaluation

*PARENT SIGNATURE & consent on page 2

Date of Exam: _____

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

School: _____ Sport(s): _____

Home Address: _____ Home Phone #: _____

Personal Physician's/Provider's Name: _____ Personal Physician's/Provider's Phone #: _____

In case of emergency, contact: Name: _____ Relationship: _____

Emergency Contact's Telephone #s: Home: _____ Work: _____ Cell#1: _____ Cell #2: _____

Medicines and Allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking: _____

Do you have any allergies? ☐ Yes ☐ No. If yes, please identify specific allergy or allergies below:

☐ Medicines: _____ ☐ Pollens: _____ ☐ Food: _____ ☐ Stinging insects: _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

MEDICAL HISTORY QUESTIONS

	Yes	No
1. Has a doctor ever denied or restricted our participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: O Anemia O Diabetes O Other:		
3. Have you ever spent the night in a hospital?		
4. Have you ever had surgery ?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, shortness of breath, lightheadedness, pain, tightness, or pressure in our chest during exercise?		
7. Does your heart ever race or skip beats during exercise?		
8. Has a doctor ever told you that you have any heart problems?		
9. Have you ever had an unexplained seizure? Or history of seizure disorder?		
10. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 35 including drowning or unexplained car crash ?		
11. 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?		
12. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator before age 35?		
13. Have you ever had an injury, like a sprain, muscle tear, ligament tear, tendinitis, fractured bone or dislocated joint?		
14. Have you ever had a stress fracture?		
15. Do you regularly use a brace, orthotics, or any other assistive device?		
18. Do any of your joints become painful, swollen, feel warm, or look red?		
19. Do you have any history of juvenile arthritis or connective tissue disease?		

20. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
21. Have you ever used an inhaler or taken asthma medicine?		
23. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
24. Do you have groin pain or a painful bulge or hernia in the groin area?		
25. Have you had infectious mononucleosis (mono) within the last month?		
26. Do you have any rashes, pressure sores, or other skin problems?		
27. Have you ever had a head injury or concussion?		
28. Do you have headaches with exercise?		
29. Have you ever had numbness, tingling, weakness, or paralysis in your arms or legs after being hit or falling ?		
30. Have you ever become ill while exercising in the heat?		
31. Do you get frequent muscle cramps when exercising?		
32. Do you or someone in our family have sickle cell trait/disease?		
34. Have you had any problems or injuries with your eyes or vision?		
35. Do you wear protective eyewear, such as goggles or a face shield?		
36. Are you trying to or has anyone recommended that you gain or lose weight?		
37. Are you on a special diet or do you avoid certain types of food?		
38. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
39. Have you ever had a menstrual period?		
40. When was your most recent menstrual period?		
Please Explain any "yes Answers here:		

Preparticipation Physical Examination

The section below is to be completed by a physician or staff after history and consent forms are completed.

WEIGHT: _____ HEIGHT _____ PULSE _____ BP _____

VISION: R- 20/ _____ L 20/ _____ CORRECTED: YES or NO PUPILS: EQUAL or UNEQUAL

EMERGENCY INFORMATION:

Allergies: _____ Other Information: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, m myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat - Pupils equal - Hearing		
Lymph Nodes		
Heart Murmurs (auscultation standing, supine, +1- Valsalva), Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck/ Back		
Shoulder/ Arm/ Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee/ Leg / Ankle		
Foot/ Toes		
Functional Duck walk, single leg hop		

CLEARANCE

- ☐ Medically eligible for all sports/activities without restriction
☐ Medically eligible for all sports/activities without restriction with recommendations for further evaluation or treatment of:
☐ Medically eligible for certain sports/activities:
☐ Not medically eligible pending further evaluation:
☐ Not medically eligible for any sports/activities:

Recommendations: _____

I have evaluated the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent contraindications to practice, tryout, and participate in the sport(s) as outlined above.

Name of Physician/ Provider (print and include official stamp) (MD, DO, NP or PA) _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____

CONSENT TO TREAT

YES NO I give consent to the Athletic Trainer, Team Physician, and/or other qualified Healthcare Professionals (employed with FUSD) to provide care as indicated.

CONSENT FOR PARTICIPATION IN SPORTS

YES NO I give my consent for my child to participate in school-sponsored athletic programs and activities.

Parent/Guardian _____ Signature _____ Date _____