

## WOODBIDGE ATHLETIC CLEARANCE INSTRUCTIONS

### Here are step-by-step instructions:

- Open your web browser (Internet Explorer, Firefox, Chrome, Safari) and type/click on <http://athleticclearance.com>. We have the direct link on our website.
- Once you have gone to the website, we suggest that you watch the tutorial video which can help you along the way.
- Next, you would need to create an account. Click on the "register" link to start an account and provide a valid email address and password. It's important that you include a valid email address because you will have to verify your email address before you can begin any clearance.
- Once you create an account you will have to verify your account by checking your email and clicking on the link (provided in your email). If the email doesn't show up in your inbox, kindly check your junk or spam folders.
- After you click on the link (contained in your email), you will be able to start the clearance process by logging in.
  - Click on the "New Clearance" button to start a clearance.
  - From there, you will have to enter in information for your student. Under "education history", if you choose "other", then you might need to fill out additional paperwork if your student has transferred from another school.
  - Please fill out the attached form and bring it to our athletics office.
  - At the bottom of the form, you will download your physical form
  - The physical form is to be filled out by the physician who is conducting the physical.
  - Once completed, scan the physical form and upload it to your clearance account.
  - If you do not have a scanner, you may simply take a picture of the form with your phone.
  - Email or save it to your computer.
  - A helpful application that you can download on your phone is called "Genius Scan", which makes it very simple to scan files with your phone.
- The next step is filling out the medical history section by answering "yes" or "no" to the conditions that apply. If "yes", you may be prompted to provide additional explanations.
- Step 3 is filling out the parent or guardian information. You may check "N/A" if the father or mother does not apply. In addition, you may also add an additional emergency contact, which we highly encourage.
- Step 4 is the Signature Form(s) where you, as the parent/guardian, will need to read the form(s) (located on the right side of the screen) and type in your name on the line requesting an online signature indicating that you have read, understood, and will adhere to the corresponding text. You may also download a copy of the forms via the link below the text. There will be a section for the parent/guardian to fill out and also a section for the student. Make sure that you go over them with your student present and have him/her sign their section as well.

### I've already created my account, but I need to go back in to upload my physical.

- Go back to the [athleticclearance.com](http://athleticclearance.com) website.
- Log in
- Sign in
- Look under Student Info
- Click on the little pencil
- It will take you Step #1 - Student Information
- Scroll down to the bottom
- Look for "Download Physical Form"
- Click on Choose File
- Select File to upload
- Hit the SAVE button
- You must hit the SAVE button. If you don't hit the SAVE button, the file will not attach to your account.

**HIGH SCHOOL ATHLETIC PRE-PARTICIPATION EXAM FORM**    Circle One: **IHS**   **NHS**   **UHS**   **WHS**   **PHS**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F  
 (PRINT LEGIBLY)      Last      First      Middle or Nickname      (In Fall)      Circle  
 Birthdate: \_\_\_\_\_ Student ID #: \_\_\_\_\_ SPORT: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring

**Section A: REQUIRED HEALTH HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN**

Has your child:      ↓ If you answer "YES" to any questions, please explain below ↓

|     |   |     |    |
|-----|---|-----|----|
| 1.  | Had a medical illness or injury that has disqualified him/her from athletic participation?  | YES | NO |
| 2.  | Ever been hospitalized or undergone any surgical operations(s)?   | YES | NO |
| 3.  | Had an ongoing chronic or serious illness (such as diabetes, kidney problems, seizures or asthma)?  | YES | NO |
| 4.  | Ever taken any supplements or vitamins to help gain/lose weight or improve athletic performance?  | YES | NO |
| 5.  | Ever passed out during/after exercise or become ill from exercising?  | YES | NO |
| 6.  | Ever tired earlier than expected during exercise or complained of extreme fatigue?  | YES | NO |
| 7.  | Ever had chest pain or unusual/irregular heartbeats during or after exercise?   | YES | NO |
| 8.  | Had any history of heart problems, heart murmur, high blood pressure or high cholesterol?   | YES | NO |
| 9.  | Had any family member or relative die before the age of 50 or die of heart-related problems?  | YES | NO |
| 10. | Had any family history of specific heart issues? If "YES," check all that apply:<br><input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Long QT Syndrome | YES | NO |
| 11. | Had any history of concussion, head injury, loss of memory or being unconscious?  | YES | NO |
| 12. | Had any history of seizures, convulsions or fainting episodes?  | YES | NO |
| 13. | Had frequent or severe headaches?   | YES | NO |
| 14. | Ever had a "stinger," "burner," or pinched nerve (numbness or tingling down an extremity)?  | YES | NO |
| 15. | Had any problems with vision that require glasses, contacts, or protective eyewear?   | YES | NO |
| 16. | Had special protective or corrective equipment/devices that are not usually used for sports?<br>Examples: knee brace, neck roll, foot orthotics, retainer for teeth, hearing aids?  | YES | NO |
| 17. | Been diagnosed with a contagious skin condition within the past month?  | YES | NO |
| 18. | Ever broken/fractured any bones or dislocated any joints?   | YES | NO |
| 19. | Had any recurring problems with pain or swelling in back, muscles, tendons, bones or joints?  | YES | NO |
| 20. | Is your child currently under the care of a physician for any medical, orthopedic or emotional concerns?  | YES | NO |
| 21. | Had any history of asthma, allergies to foods, medicines, or stinging insects?<br>If "YES," what medications are used? Is Epi-Pen needed?   | YES | NO |
| 22. | Does your child require any special health procedure(s) during the regular school day or during athletics?  | YES | NO |
| 23. | Is your child currently taking any prescription or "over-the-counter" medications or using an inhaler or Epi-Pen?<br>If "YES," list all medications:<br>Medication: _____ Dose: _____ Frequency: _____<br>Medication: _____ Dose: _____ Frequency: _____          | YES | NO |

**If you have answered "YES" to any of the above questions, please explain:**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B: PHYSICAL EXAM REQUIRED FOR ALL ATHLETES: To be completed by HEALTHCARE PROVIDER**

|                          |        |             |        |   |                 |         |
|--------------------------|--------|-------------|--------|---|-----------------|---------|
| General:                 | Normal | Chest/Lungs | Normal | Visual acuity (Distance):   | Right: /        | Left: / |
| Eyes, ears, nose, throat |        | Neck        |        | <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected |                 |         |
| Cardiovascular           |        | Abdomen     |        | Height:   | Blood pressure: |         |
| Femoral pulses           |        | Skin        |        | Weight:   | Pulse:          |         |

  

|                         |        |             |             |
|-------------------------|--------|-------------|-------------|
| <b>Musculoskeletal:</b> | Normal | Normal      | Normal      |
| Neck/Shoulder           |        | Hips/Thighs | Arms/Hands  |
| Spine                   |        | Knees       | Ankles/Feet |

COMMENTS:

Recommendation:    Full activity-No restrictions    Activity with restrictions (explain below)    No contact sports    No participation    Other

Please explain restrictions: \_\_\_\_\_

Examining Medical Practitioner (please print): \_\_\_\_\_

MD/DO/NP/PA ONLY

Signature: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider Office Stamp:  
  
**Required**