



2024/25 Clark Online Sports Physical

Sports Physicals Are Accepted Online Only

Follow the submission process below:

- **Step 1.** Take the attached Health Screening Form - **Form A** to your next sports physical and have the doctors office complete, sign & date the form.
- **Step 2.** Parent/Guardian completes **Form B** of the Health Screening Form.
- **Step 3.** Take a photo or scan the **Forms A & B.**
- **Step 4.** To start the Online Sports Physical Packet:
 - Scan the QR Code below
 - or
 - Visit: <https://www.homecampus.com/login>
- **Step 5.** Complete the Online Sports Physical Packet and Upload **Forms A & B.**
- **Step 6.** Hit submit and you're done!
- **Note:** There is no need to return any paperwork to the school.



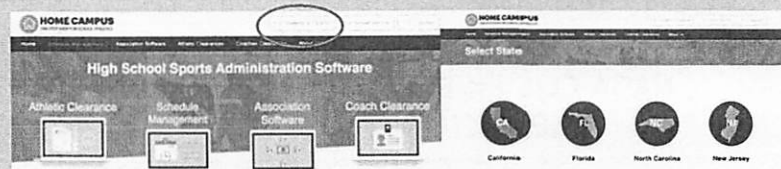
**Scan the code
today
BEFORE YOU
PLAY**

Have Questions? Contact us:

Clark Intermediate | 559.327.1504 | clark.cusd.com

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 Address
Select Year
Add Sports

Participating in multiple sports? Use Add New Sport button. Athletes participating in multiple sports will have to create clearances for each sport.

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.

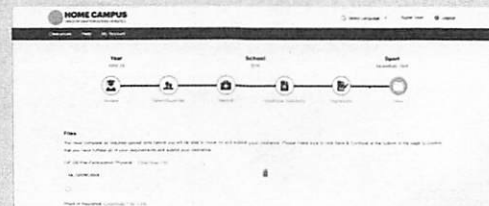
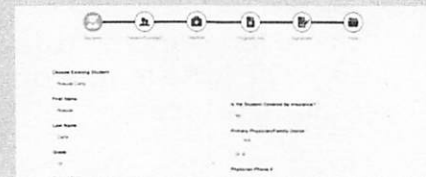
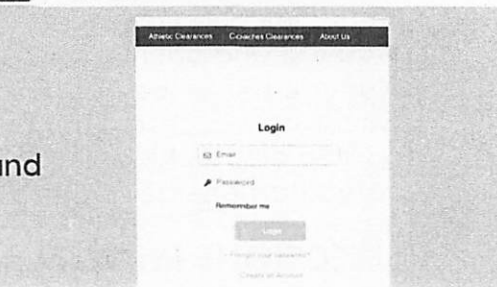
Files

Click + to add a file. Browse from your computer for the file or select Choose Existing File to search for a previously uploaded file.

**MAKE SURE TO CLICK SAVE & CONTINUE
AFTER COMPLETING THE FILES PAGE TO
SUBMIT THE CLEARANCE.**

4 CONFIRMATION MESSAGE

Your clearance is ready for review by your school once you have reached the CONFIRMATION MESSAGE page.

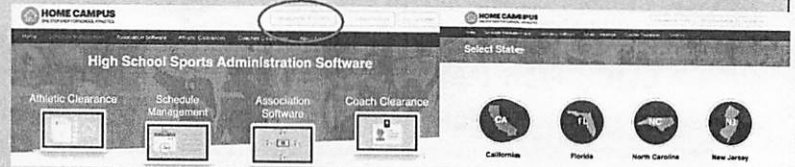


**THE STUDENT IS NOT CLEARED YET!
THE SCHOOL MUST REVIEW AND CLEAR THE STUDENT. AN EMAIL NOTIFICATION WILL BE
SENT ONCE THE SCHOOL HAS REVIEWED AND CLEARED THE STUDENT FOR PARTICIPATION.**

**CONTACT HOME CAMPUS
SUPPORT@homecampus.com
ATHLETIC CLEARANCE HELP ARTICLES**

ONLINE ATHLETIC CLEARANCE

**1 VISIT HOMECAMPUS.COM
HAGA CLIC EN PADRES Y ESTUDIANTES
SELECCIONE EL ESTADO**



Usuarios recurrentes

Acceda a la cuenta existente utilizada en el curso escolar anterior.

Nuevos usuarios

Crear una cuenta. Por favor, regístrese con una dirección de correo electrónico válida de su PADRE/MADRE/TUTOR como nombre de usuario y genere una contraseña.

2 SELECCIONE INICIAR LA AUTORIZACIÓN

Escriba el nombre de la escuela y confirme la dirección

Seleccione el año

Añada el deporte

¿Participa en varios deportes? Utilice el botón Añadir Nuevo Deporte. Los deportistas que participen en varios deportes tendrán que crear autorizaciones para cada uno de ellos.



3 COMPLETE TODOS LOS CAMPOS REQUERIDOS

Información del estudiante, información de los padres/tutores, historial médico, formularios de firma y subida de cualquier archivo.

Información para el estudiante y los padres/tutores

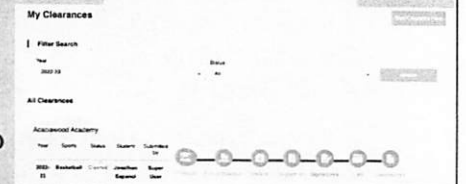
Escriba la información del estudiante y de los padres/tutores. Esta información se guardará para futuras autorizaciones. Utilice el menú desplegable para autocompletar la información para autorizaciones subsiguientes.

Firmas

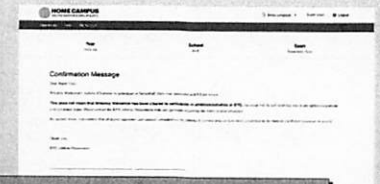
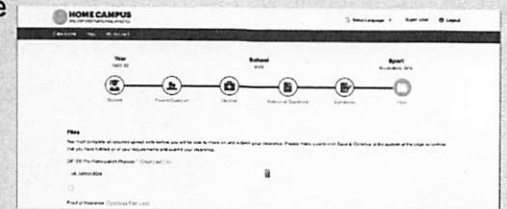
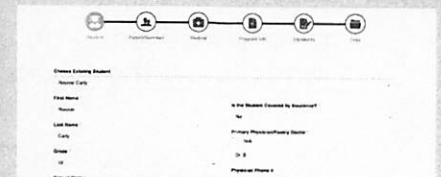
Firme los documentos requeridos escribiendo una copia EXACTA de lo que aparece en la página del estudiante y padres/tutores.

Archivos

Haga clic en + para añadir un archivo. Busque el archivo en su computadora o seleccione Elegir Archivo Existente para buscar un archivo cargado previamente.



ASEGÚRESE DE HACER CLIC EN "GUARDAR Y CONTINUAR" DESPUÉS DE COMPLETAR LA PÁGINA DE ARCHIVOS PARA PRESENTAR LA AUTORIZACIÓN.



4 MENSAJE DE CONFIRMACIÓN

Su autorización está lista para ser revisada por la escuela una vez que haya llegado a la página de MENSAJE DE CONFIRMACIÓN.

**¡EL ESTUDIANTE NO ESTÁ AUTORIZADO TODAVÍA!
LA ESCUELA DEBE REVISAR Y AUTORIZAR AL ESTUDIANTE. SE ENVIARÁ UNA NOTIFICACIÓN POR CORREO ELECTRÓNICO UNA VEZ QUE LA ESCUELA HAYA REVISADO Y AUTORIZADO LA PARTICIPACIÓN DEL ESTUDIANTE.**

CONTACTE A HOME CAMPUS

SUPPORT@HOMECAMPUS.COM

ARTÍCULOS DE AYUDA PARA LA AUTORIZACIÓN DE LOS DEPORTISTAS

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM A

This form MUST be completed for every sports participant with parent & athlete signature

Student's Name _____ Sex **M or F** Date of Birth _____

Height: _____ Weight: _____ BMI: _____ Pulse: _____ BP: ____/____

Vision: Grossly Intact _____ Corrected: Y or N _____ Pupils: Equal _____ Unequal _____

Physical Screening	Normal Findings	X	Abnormal Findings	No Exam
Appearance	WDWN			
Eyes/Ears/Nose/Throat	WNL			
Lymph Nodes	WNL			
Hearing	Grossly Intact			
Heart	RRR, No Significant Murmur			
Pulses	WNL			
Lungs	Clear/equal			
Abdomen	Soft, No HSMT			
Skin	Warm/Dry/Intact			
Neck	FROM			
Back	No Scoliosis			
Shoulder/Arm/Elbow	FROM, = strength			
Forearm/Wrist/Hand	FROM, = grip/strength			
Hip/Thigh/Knee	FROM			
Leg/Ankle/Foot	FROM			
Hernia/Squat/Duck Walk	WNL			
Immunizations given				

CLEARANCE

- Cleared
- NOT** Cleared until completed evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Health Care Provider (print/type/stamp): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of Health Care Provider: _____ Date of signature: _____

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Academy of Sports Medicine, 2009.

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM B

This form MUST be completed for every sports participant with parent/guardian & athlete signatures

Student's Name _____ Sex M / F Age _____ Date of Birth _____
 Address _____ Student ID # _____
 Grade _____ School _____ Sport(s) _____
 In case of emergency, contact: Name _____ Relationship _____
 Phone #'s: (H) _____ (W) _____ (C) _____

Explain "YES" answers below. Circle questions you do not know the answer to.

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Do you have any major health conditions? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a medical illness or injury since your last checkup or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Do you have asthma or use an inhaler? If "Yes", Do you carry your inhaler while you are playing sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you missing an organ or body part? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you have diabetes? If "Yes", do you take insulin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you use any protective or corrective equipment or devices that aren't usually used for your sport or position, such as knee braces, special neck roll, foot orthotics, retainer on your teeth, or hearing aid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies to medication, food, stinging insects, or pollen? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you ever had a sprain, strain, or swelling after injury, or any problem with pain or swelling in muscles, tendons, bones, or joints? If "Yes", which locations: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever passed out or nearly passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Have you had any problems with your eyes or vision, wear glasses, contact lenses, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 30. For females: Age at first period: _____ Are periods regular? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Date of last tetanus shot: _____ Tdap date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | Explain "YES" answers here: _____ | | |
| 12. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 13. Have you had a severe viral infection such as infection of the heart or mononucleosis within the last six months? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 14. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
<input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection
<input type="checkbox"/> High cholesterol <input type="checkbox"/> High blood pressure
<input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 15. Has a doctor ever ordered a test for your heart, such as ECG/EKG (Echocardiogram)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 16. Do you have any current skin problems such as itching, rashes, acne, warts, fungus, or blisters? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 17. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 18. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 19. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 20. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 21. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |

I hereby state, that to the best of my knowledge, my answers to all the above questions are correct and complete and I take full responsibility for any incorrect answers.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____