



Sport _____

PERSONAL INFORMATION

Form with fields for Last Name, First Name, MI, Date of Birth, Age, Social Security Number, Address, City, Zip Code, Telephone, Name, address, and phone # of person to notify in an emergency.

PRIMARY INSURANCE INFORMATION – please include front & back copy of insurance card

Form with fields for Personal or family insurance company, Primary coverage through (Parent, Self, Spouse), Name of policy holder, Employer's name, Insurance company name and address, Group/Policy Number, Type of Coverage (Individual, Through employer), Social Security # of policy holder, Type of plan (HMO, Other).

MEDICAL HISTORY

Explain "Yes" answers in the space below**. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 may require further medical evaluation which may include a physical examination. Written clearance from a physician is required before any participation in MiraCosta College practices, games or matches.

Main medical history questionnaire with 18 numbered questions, YES/NO columns, and a list of body parts for question 15. Includes a section for females only (question 19) and a final instruction box for explaining 'YES' answers.



Updated 8/2009

SPORTS PREPARTICIPATION PHYSICAL EXAM

MIRACOSTA COLLEGE

- It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Pacific Coast Conference nor the school assumes any responsibility in case an accident occurs.
- If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.
- If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I know of no reason, not recorded herein, to restrict my activity. I also understand that failure to provide truthful responses could subject the student athlete in question to disqualification and/or void insurance coverage.

Student Signature _____ **Date** _____
Parent Signature (if under 18) _____ **Date** _____

MEDICAL EXAMINATION RECORD – to be completed by examining physician

DATE: _____ HEIGHT: _____ WEIGHT: _____
 PULSE: _____ BP: _____ Vision: R 20/ _____ L 20/ _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared -- I have reviewed this student's medical history and have examined the subject individually. It is my opinion that this student may participate in a sport, including contact sports. I can encourage participation, but not in any way guarantee, the personal fitness and safety of this athlete for the proposed activity.
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for: _____ Reason: _____
- Recommendations: _____

Name/s (print/type): _____ Date of Examination: _____

Address/es: _____

Phone Number/s: _____

Signature/s: _____