XPRESS URGENT CARE
WALK IN CLINIC

Marina High School Sports Physicals

HOME OF THE VIKINGS

FAST & SAFE SPORTS PHYSICALS

DATES: 5/30 | 6/6 | 6/13

TIME: 8:30 AM - 5:00 PM

LOCATION:

5888 Edinger Ave.
Huntington Beach, CA 92649

PHONE: (714) 867-7900

1. Go to: https://forms.gle/Sxh7e2uNw8hwJbzs5
2. Complete form to request appointment
3. Look for confirmation text/email to complete your registration.
4. You will need a photo ID (school, driver's license or your parent's ID if you don't have one)
5. Lastly, the flyer will be used in place of an insurance card.

$30 Sports Physicals

100% of the funds will be donated back to the school.

More dates will be added when these fill up

#XpressUrgentCare

Xpress Urgent Care
Sick Today, Seen Today.

www.xurgentcare.com

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

5832 Bolsa Avenue • Huntington Beach, California 92649
(714) 903-7000 FAX (714) 372-8105

Board of Trustees:
Diana Carey
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April 29,2020

Dear Parents/Guardians of HBUHSD student-athletes,

Due to the school campus closures in the Huntington Beach Union High School District for the remainder of the school year, there will be no “On-campus” Athletic Physical Days at HBUHSD High Schools this spring. Our students are still required to complete a physical examination to participate in summer and fall sports. Students and parents should see their primary doctor or visit a walk-in clinic to get athletic physicals completed prior to participation in athletics. Physicals should be dated after June 1st to assure the physical will be valid for the entire 2020-2021 school year.

HBUHSD schools may be able to arrange an “On Campus Athletic Physical Day” when schools re-open; however, we advise that students should not wait for that possibility and plan to get physicals on their own to ensure their ability to compete in athletics. Thank you for your attention to this matter and we hope to see your student-athletes soon.

Stay safe and healthy,

Huntington Beach Union High School District
Athletic Department

Marina High School
Online Athletic Registration and Clearance
2020-2021

All athletes must submit their emergency information and sign the clearance forms online for each sport/activity they participate in. Please make sure check each sport your athlete plays...Please **do not** check all sports, pick only the ones your athlete will tryout for.

Go to **www.athleticclearance.com** and fully complete the online registration. (Remember your login and password for future clearances...you will do this for every sport/activity your child participates in while they are a student at Marina)

1. Choose school year 2020/21 **Very important that the correct year is chosen**
2. Choose Marina (CIF/SS)
3. Choose the sport/activity your child will currently participate in
4. Fill out all information
5. Read all forms - online signatures on all forms are required by parent/guardian and athlete
6. When you are done you will get a message that you have successfully completed the registration. Read the consent page, **choose additional sports your child will play****, then print and sign. Your son/daughter will need to bring the signed hard copy of this consent form to the ASB office when they come to take care of any financial contributions for ASB, transportation and athletics/ trainer. This same message will also be sent to your email as a reminder.
   ****If your child participates in more than one sport/activity you select the additional sports after completing registration. If you are not sure this process can be repeated at a later date. Please DO NOT click multiple sports unless you are fairly certain they will participate****
7. The clearance process also includes having a physical on file (may be turned into the athletic trainer at any time) and completing the ImPACT concussion testing. Once your athlete is fully cleared to participate in their sport/activity you will get a confirmation email and both the coach and athletic trainer will get a copy of the emergency card.
   * **All athletes must have a new physical on file to start each new school year***

Insurance requirement is a minimum coverage of $1500.00 per Ed Code#32220-24
If you do not have health insurance you can purchase school insurance by going to the following site: **https://www.myers-stevens.com**
Once you have purchased the insurance print the confirmation page and bring it with the signed consent form to the ASB office during your sport/activity clearance. (check with your coach for date/time)

If you have any questions please contact us at mspencer@hbuhsd.edu or skantor@hbuhsd.edu

Select Language | ▼

ATHLETIC CLEARANCE.COM

CLEARANCES | MY ACCOUNT | CONTACT US | SIGNOUT

Marina

Back To Clearances

Section: CIF-SS
Address: 15871 Springdale Street, Huntington Beach CA 92649
Phone: (714)893-6571

You have successfully completed the registration for "Michelle Spencer" to play Football (11 man) for Marina!.

Dear Michelle Spencer,

This message is to let you know Michelle Spencer has completed one step of the clearance process to participate in Football (11 man) for Marina for the 2018-2019 school year. Once Michelle Spencer has completed the steps below you will get an email indicating they are fully cleared to participate.

1. Have a physical on file with the school.

2. Have ImPACT concussion testing done and on file for the 2018-2019 school year.

3. Insurance is required by Ed Code #32220-24, if you need to purchase school insurance go to the link below. Once you have purchsed the insurance please print out the confirmation page and bring it to the ASB office. If you need assistance please see Pamela Chylinski in the ASB office.

https://www.myers-stevens.com/New/enrollment-page/

4. Both parent and student need to sign the consent to participate below and bring it to the ASB office when you go there for your sports clearance to take care of the financial contributions for ASB, transportation and the trainer. The sports clearance date will be sent to you by your coach.

I hereby give my consent for the above named student to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given i advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

I give permission to the Athletic Trainer to administer first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician.

Parent Signature_____

Student Signature_____

Date_____

Thank You,

Marina Athletics

GO VIKINGS!

Print Friendly Page

Would you like to apply this Clearance to additional sports/activites?

☐ Badminton	☐ Band	☐ Baseball	☐ Basketball, Boys
☑ Basketball, Girls	☐ Cheer	☐ Cross Country, Boys	☐ Cross Country, Girls
☐ Dance	☐ Field Hockey	☐ Golf, Boys	☐ Golf, Girls
☐ Lacrosse, Boys	☐ Soccer, Boys	☐ Soccer, Girls	☐ Softball
☐ Surf	☐ Swimming & Diving, Boys	☐ Swimming & Diving, Girls	☐ Tennis, Boys
☐ Tennis, Girls	☐ Track & Field, Boys	☑ Track & Field, Girls	☐ Volleyball, Boys
☐ Volleyball, Girls	☐ Water Polo, Boys	☐ Water Polo, Girls	☐ Wrestling, Boys

☑ I, the parent guardian of the student, acknowledge that my electric signatures will be applied to all additional clearances. *

Submit

Clearances

Clearances | Students | Parents/Guardian | Documents Library

Start Clearance Here!

Clearance applied to additional sports/activites successfully!

Year	Sport	Student	School	Student Info	Medical History	Parent/Guardian Info	Signature	Confirmation	Shop	Status	Delete
2018-19	Football (11 man)	Michelle Spencer	Marina	Completed	Completed PRINT	Completed	Completed	Print	View	Uncleared	X
2018-19	Basketball, Girls	Michelle Spencer	Marina	Completed	Completed PRINT	Completed	Completed	Print	View	Uncleared	X
2018-19	Track & Field, Girls	Michelle Spencer	Marina	Completed	Completed PRINT	Completed	Completed	Print	View	Uncleared	X

This is what you will see after you click "submit."

Pre-Participation Physical Evaluation

Student's Name: _____ ID # _____ School: _____ Date of Exam: _____

Gender: M ____ F ____ Age: _____ DOB: _____ **Class : 20** Sport(s): _____

Home Address: _____ Phone: _____

Personal Physician's Name: _____

Emergency Contact: Name _____

Relationship: _____ Phone: Home _____ Work _____

Check **YES** or **NO** for questions below and **explain any "yes" answers. Circle** questions you don't know the answers to.

		YES	NO
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
	Do you have an ongoing or chronic illness?	☐	☐
2.	Have you ever been hospitalized overnight?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Are you currently taking any prescription or nonprescription medications or using an inhaler?	☐	☐
	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
	Have you ever had a rash or hives develop during or after exercise?	☐	☐
5.	Have you ever passed out or been dizzy during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you ever had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6.	Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters, etc.)?	☐	☐
7.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious or lost your memory?	☐	☐
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
8.	Have you ever become ill from exercising in the heat?	☐	☐
9.	Do you cough, wheeze, or have trouble breathing during or after an activity?	☐	☐
	Do you have asthma or seasonal allergies that require medical treatment?	☐	☐
10.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aids, etc.)?	☐	☐
11.	Do you wear glasses, contacts, or protective eyewear?	☐	☐
12.	Have you ever had a sprain, strain, or swelling after an injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If *yes*, check the appropriate box and explain below:		
	☐ Head ☐ Neck ☐ Back ☐ Chest ☐ Shoulder ☐ Upper Arm ☐ Elbow		
	☐ Forearm ☐ Wrist ☐ Hand ☐ Finger ☐ Hip ☐ Thigh ☐ Knee		
	☐ Shin/Calf ☐ Ankle ☐ Foot		
13.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
14.	Record the dates of most recent immunizations: Tetanus: Chickenpox: Measles: Hepatitis B:		
15.	**For Females Only**: When was your first menstrual period? _____		
	When was your most recent menstrual period? How many days between periods?		
	Explain any "yes" answers:		

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

Athlete's Signature: _____ **Parent's Signature:** _____ **Date:** _____

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

Pre-Participation Physical Evaluation

PHYSICAL EXAMINATION

Student's Name: _____ Date of Birth: _____

Height: _____ Weight: _____ % of Body Fat (optional): _____ Pulse: _____ BP ___/___ (___/___, ___/___)

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

* Station based examination only

CLEARANCE

_____ Cleared and have reviewed questionnaire on reverse side

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

PHYSICIAN'S ADDRESS AND SIGNATURE

Name of Physician, NP,PA (print or type): _____

Address: _____

Phone: _____ Date: _____

Signature of Physician:

MD, DO, Nurse Practitioner, Physician Assistant

Stamp with Name of Doctor or Medical Office/Clinic (Required to be accepted)