



Athletics

Pre- Participation

Physical Packets

Includes:

- Verification of Insurance
- Medical History
- Medical Appraisal
- Assumption of Risk
- Consent to Treat
- Athletic Consent

*Bring this flyer with you to receive a sports physical for only \$25.00, Regular price is \$35.00



SPORTS PHYSICALS



Additional services:

HEP B TITER \$55

T.B \$11

Varicella titer \$75

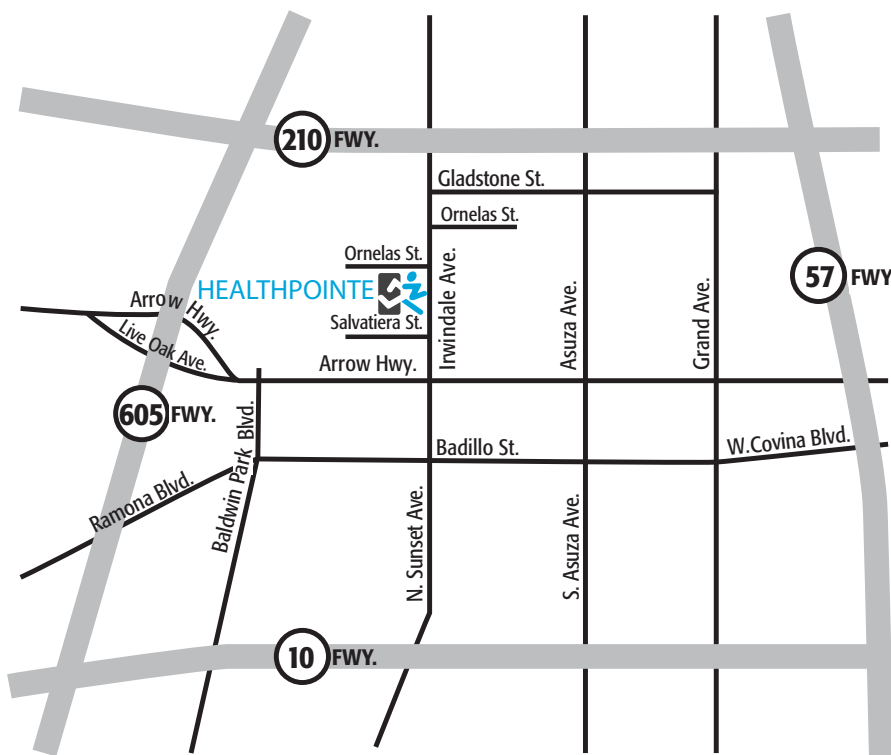
Hep vaccines \$75

Chest x-ray \$25

Urgent Care Visit \$75

High School • College • Middle School

Lowest Cost Anywhere • No Appointment Needed



Located at:

HEALTHPOINTE

5345 Irwindale Ave.
Irwindale, CA 91706

Phone | (626) 960-5361

Fax | (626) 337-0833

OPEN MON - FRI
8:00 am - 5:30 pm



Anaheim • Corona • Garden Grove • Irwindale • La Mirada • Lakewood • Ontario • Perris • Temecula



HEALTHPOINTE

| www.HealthpointeMD.net

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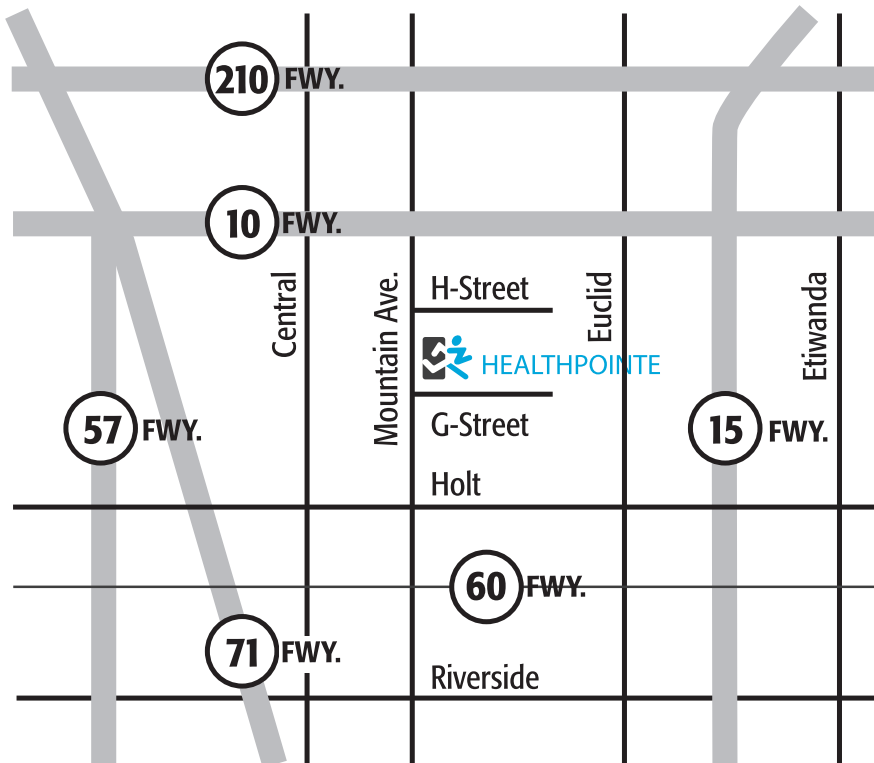


SPORTS PHYSICALS

ONLY \$25.00



High School • College • Middle School
Lowest Cost Anywhere • No Appointment Needed



Located at:
HEALTHPOINTE

754 N. Mountain Ave.
Ontario, CA 91762

Phone | (909) 983-0474

Fax | (909) 988-4414

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HEALTHPOINTE

| www.HealthpointeMD.net



CITRUS COMMUNITY COLLEGE DISTRICT
 1000 W Foothill Blvd.
 Glendora, CA 91740-1899
 (626) 914-8650

Verification of Insurance

This form must be completed regardless of whether you do or do not have private medical insurance.

Sport/Program/Activity: _____

<i>Last Name First Middle</i>	<i>Sex</i>	<i>Date of Birth</i>
<i>Home Address</i>	<i>Daytime Phone</i>	<i>Home Phone</i>
<i>Student ID #</i>	<i>Social Security #</i>	

- I DO NOT** have Private Health Insurance coverage of my own or through my parent(s) or spouse. *(Sign and date this form below.)*
- I DO** have Private Health Insurance coverage of my own or through my parent(s) or spouse. *(Complete the following and sign and date this form.)*

Insurance coverage is through: Self Spouse Parent

Type of insurance coverage: Individual (*self purchased*) Through employer

Name/Address of Policyholder(self/parent/spouse): _____

Social Security # of Policyholder: _____

Employer's Name (if applicable): _____

Type of Insurance Plan:

HMO (Kaiser, Health Net, etc.) PPO MediCal Other _____

Insurance Company Name/Address: _____

Insurance Company Policy and Group #: _____

In the event of an injury, **except in an emergency**, my health insurance plan allows for:

- Treatment by my insurance plan only Treatment by any physician/medical facility

I hereby certify that the above statements are true, complete, and correct to the best of my knowledge.

 Student Name (Print)

 Signature

 Date

Citrus Community College Medical History



Sport(s): _____ 1st Year 2nd Year Redshirt Exam Date: _____ Birthdate: _____
 Name: _____ Male Female ID#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Telephone: _____ Cell Phone: _____ Work Phone: _____
 Emergency Contact Name: _____ Relationship: _____
 Home Telephone: _____ Cell Phone: _____ Work Phone: _____

Check Yes or No if you currently have or in the past experienced any of the following:	Yes	No	Check Yes or No if you currently have or in the past experienced any of the following:	Yes	No
1. Serious illness/injury since your last physical.			28. Cough, wheeze, or trouble breathing during/after exercise.		
2. Ongoing chronic illness.			29. Asthma		
3. Hospitalized overnight			30. Seasonal allergies requiring medical treatment		
4. Surgery			31. Wear glasses, contacts, or protective eyewear		
5. Currently using prescribed or over the counter meds or inhaler.			32. Vision or eye problems		
6. Taken any supplements or vitamins to gain/lose weight or improve performance			33. Use special protective or corrective equipment, such as knee brace, neck roll, foot orthotics, tooth retainer, hearing aid		
7. Allergies, such as pollen, medicine, food, insects			34. Sprain, strain or swelling		
8. Rash or hives developing during/after exercise			35. Broken or fractured any bones or dislocated any joints		
9. Dizzy during/after exercise			36. Pain and swelling in muscles, tendons, joints, bones *If yes, check appropriate box and explain below <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Wrist <input type="checkbox"/> Back <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot		
10. Chest pain during/after exercise			37. Want to weigh less than you do now		
11. Family member die of heart disease or sudden death before 50 years of age			38. Lose weight regularly to meet requirements for sport		
12. High blood pressure or high cholesterol			39. Record Dates of your most recent immunizations:		
13. Heart murmur			Tetanus:		
14. Racing of heart or skipped heartbeats			Measles:		
15. Get tired more quickly than others when exercising			Hepatitis B:		
16. Severe viral infection such as mono within the last month			Chickenpox:		
17. Been denied or restricted from sport participation because of heart problems			40. Women Only – Please record Dates of the following:		
18. Feel stressed out			First menstrual period:		
19. Head injury or concussion			Most recent menstrual period:		
20. Been knocked out, unconscious, or lost your memory			Length of cycle:		
21. Seizure			Number of periods in past year:		
22. Frequent or severe headaches			Longest cycle in past year:		
23. Numbness or tingling in arms, hands, legs, or feet					
24. Stinger, burner or pinched nerve					
25. Infectious disease					
26. Skin problems, such as ringworm, acne, itching, rashes, warts, fungus or blisters					
27. Become ill from exercising in the heat					

Explain all "Yes" answers here: (Example: #34 - '01 R ankle sprain)

I hereby state that to the best of my knowledge this information is true and correct.

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature (if athlete is a minor): _____ Date: _____

Citrus Community College Athletic Pre-Participation Health Appraisal



Name: _____

ATHLETES: Do you have any current injuries or illnesses that the doctor should be aware of prior to this exam?

Example: Previous dislocations of the shoulder, recurrent sprained ankle, knee pain

Height: _____ Weight: _____ Pulse: _____ BP: _____/_____/_____

Optional Testing: Body Fat %: _____ Vision: R20/____ L20/_____

Vision Corrected? Yes No Pupils: Equal Unequal

Station-Based Exams Only	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulders/Arms			
Elbows/Forearms			
Wrists/Hands			
Hips/Thighs			
Knees			
Legs/Ankles			
Feet			

Clearance: Cleared Not Cleared – Reason: _____

Physician's Comments: _____

Physician's Name: _____ Date: _____

Address: _____ Phone: _____

Physician's Signature: _____, MD

Physician's Office Stamp



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**VOLUNTARY ACTIVITIES PARTICIPATION FORM
STUDENT ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I, (Print name) _____, wish to participate in the District-sponsored voluntary activities of _____

I understand and acknowledge that playing/participating or practicing to play/participate in the above activity, by its very nature, poses the potential risk of **serious injury/illness** to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, sprains/strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, and death.

I understand and acknowledge that participation in these activities may not only result in serious injury, but also significantly impair my ability to earn a living, engage in other business, social and recreational activities and degrade my enjoyment of life.

I understand and acknowledge that participation in these activities is completely voluntary although the District may require it for course credit or graduation.

I understand and acknowledge that because of the risks associated with my participation in these activities, I recognize the importance of following coaches'/trainers' instructions regarding playing techniques, training and rules and agree to obey these rules and instructions.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me that is incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **voluntary activity participation form** and that I understand and agree to its terms and accept personal responsibility.

Student Name (Print) Signature Date

Social Security Number: _____

If minor, Parent or Guardian Name (Print) Signature Date

*A signed **VOLUNTARY ACTIVITIES PARTICIPATION** form **must** be on file with the District before a student will be allowed to participate in the above extra-curricular activities* Voluntary Activities Participation Form



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**ATHLETIC PARTICIPATION CONSENT
 WAIVER RELEASE AND INDEMNITY AGREEMENT**

For and in consideration of permitting (Name) _____ to participate in (Sport) _____ offered by the Citrus Community College District, in the City of Glendora, County of Los Angeles and State of California, beginning on (Date) _____, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto, wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns, hereby release, waive, discharge and relinquish any action or cause of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrator and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Citrus Community College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF (Name) _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITRUS COMMUNITY COLLEGE DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Citrus Community College District, he/she shall indemnify and save harmless the same Citrus Community College District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the Waiver of Liability Notice and the foregoing three paragraphs, has been fully and completely advised of the potential danger incidental to engaging in the activity and instructing of (Sport) _____, and is fully aware of the legal consequences of signing the within instrument.

 Student Signature

 Date

 Parent or Guardian Signature (If Minor)

 Date