IMPORTANT INSTRUCTIONS TO GET CLEARED:
Please keep this sheet for your reference

Club Sports Student Athletes:

Off-Campus physical:
Packets need to be turned in, in person, to the Sports Medicine Office at the Sun Devil Fitness Center during regular office hours (8:30-11:30 pm and 1-4:30 pm).

On-Campus physical:
Once you have completed your physical and all required testing for your sport you will need to notify the sports medicine team. To do this:

3. Click “Message” from the menu on the left.
4. Click “New Message.”
5. Click “I want to communicate with the Club Sports Medical Staff.”
6. In the subject line please type “Completed Physical and Required Testing.”
7. In the body of the email please list which Club Sport you are participating in, the date your physical was completed, and where you completed your physical.
8. Click send.

Please allow 2 business days for us to update your status on Do Sports Easy. If your status does not get updated please resend your email or call 480 965 8908.

NCAA Division 1 Tryout and Practice/Scout Squad Student Athletes:

Once you have completed your physical and all required testing for your sport you will need to notify the team Athletic Trainer.

ROTC Student Cadets:

Once you have completed your physical please return your completed ROTC forms to your ROTC officer.

Band Student Performers:
Once you have completed your physical please follow instructions provided by your band director.
ASU 2019-2020 PRE-PARTICIPATION CLEARANCE FORM

ATHLETE NAME ______________________              DOB               ______________

SPORT/ACTIVITY(S)___________________               CELL PHONE__________

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Examining Clinician to fill out below
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I have thoroughly reviewed the medical history and examined this student and they:

__________Are cleared for sports/physical activity without restrictions

__________Are NOT cleared for sports/physical activity.

Clinician Name______________________________________________ Date____________

Signature_____________________________________

ASU Health Services Tempe
PO Box 872104
Tempe, AZ 85287-2104

Office Phone: 480.965.8908  Office Fax: 480.965.4179

For Club Sports:
All Club Sports physicals will be reviewed by an ASU Team Physician. Additional follow-up
may be indicated at the Team Physician’s discretion. Physicals may take up to one week to
review.

Sickle Cell Test: Students participating in lacrosse, rugby, ultimate frisbee, soccer, cycling,
triathlon, quidditch, rowing, dragon boat, and roller hockey will need to provide results from a
sickle cell test. Sickle cell testing may be done on or off-campus.

ImpACT Test: Students participating hockey, rugby, ultimate frisbee, soccer, and lacrosse
need to complete a one-time baseline test on-campus.
2019-2020 PRE-PARTICIPATION PHYSICAL
ON-Campus RETURNER Physical at ASU Health services

This form is only for students who have had their sports/activity physical on-campus at ASU previously and are returning to ASU for their physical again. This is NOT for off-campus use. Please bring completed paperwork, with name and ID on every page, to your appointment.

What sport/activity(s) did you participate in last year?_______________

Approximate date of last physical_____________________

Sex (circle one): Male  Female  Date of birth_______________

Please list any pills, supplements, vitamins or medication (including inhalers and birth control pills):

What medicines are you allergic to? What happens when you take that medicine?

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

Since your last ASU sports physical, have you:

<table>
<thead>
<tr>
<th>Had chest pains, chest tightness, chest pressure or chest discomfort?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt like your heart is racing or skipping beats?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Been dizzy during or after exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had any heat related illness?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a head injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Been hospitalized?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had surgery?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Please explain any YES answers:

Any changes or new medical issues in your family? Explain:

FEMALES:

How many periods have you had in the last 12 months?

Date of last pelvic/pap exam
Please list all injuries since last physical:

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Sprain / Strain / Fracture / Other</th>
<th>Right / Left / Other</th>
<th>Date of Injury</th>
<th>Treatment/Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
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</tr>
<tr>
<td>Knee</td>
<td></td>
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</tr>
<tr>
<td>Ankle</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back/Neck</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you use tobacco?  
If YES, what type?  How much/often?  YES  NO

Did you formerly use tobacco?  
If YES what type?  Quit date:  YES  NO

Do you drink alcohol?  
If YES, how many drinks?  How often?  YES  NO

Did you formerly use alcohol?  
If YES, quit date:  YES  NO

Do you use any illicit or street drugs?  YES  NO

Are you, or have you ever been, sexually active?  YES  NO

Sexual partners  
(please circle):  
Same Sex (male with male, female with female)  
Opposite sex (male with female)  
Bisexual

Do you use condoms (please circle):  
Always  Sometimes  Never

Birth control method  
(circle all that apply):  
Abstinence  Withdrawal  Condoms  Oral Contraceptive Pills  IUD  Other:

Have you been treated for any medical issues or musculoskeletal injuries, not listed above, since your last ASU sports physical?  YES  NO

If YES, explain:

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

Athlete name_________________________ Signature __________________________ Date_______

Parent, or legal guardian, (if athlete under 18):

Print Name_________________________ Signature __________________________ Date_______
Club Student Athlete Information Release

I, {Athlete Name}_________________________________________, give my permission to the following Designated ASU Offices to exchange confidential, personal, mental health and medical information concerning me, when necessary to coordinate my medical and mental health care: Campus Health Services, Physiotherapy Physical Therapy, Athletic Training Staff, Coaching Staff, Student Recreation Complex, Counseling and Consultation, Disability Resources and other confidential counseling services provided by or on behalf of ASU. I also give permission for the Designated ASU Offices to receive confidential information from and provide confidential information to any outside health professional directly involved in my care.

I give my permission for the limited release of medical, mental health and related information, including appointment dates and attendance records from designated ASU offices to the following individuals: Coaching Staff, Student Recreation Complex Staff, Sport Club Officers, Athletic Training Staff, Physical Therapists, Team Physician(s). This communication may be done by telephone, e-mail, or text messaging. This limited release allows the release of confidential information only to the extent necessary to determine payment for medical and related services rendered on my behalf, determine compliance with University rules regarding eligibility and medical treatment of the student athlete and to confirm appointment attendance.

I may revoke this release in any time by notifying any one of the designated ASU offices or Team Physician in writing. Revocation will not affect any release made prior to the revocation. This release will expire automatically on August 15th following the end of the Academic Year.

Signature___________________________________________________ Date_____________________

If athlete is younger than 18 years of age, parent or legal guardian must sign:

Signature___________________________________________________ Date_____________________

Print Name___________________________________________________________