

West High School Athletic Clearance Instructions

Athletes, Band, and Cheerleading must complete the Athletic Clearance process before participation:

Please follow these steps to complete the online process... CLEARANCE OPENS AFTER JULY 6th 2026

- 1) **Go to athleticclearance.com**
 - a. Click on "register" and fill in your first name and last name. Also, you will create a user name (your email address) and password. Save this information as it will be used for future clearances.
- 2) Once you are logged in, click "Start Clearance Here"
- 3) Select the school year for which you are filling out the form (**2026-2027**), select "West Torrance HS", and then select the program(s) in which you are participating. If you participate in more than one activity, select one at this time and you will be able to go back when completed and submit the same information for as many programs as you participate in.
- 4) **STEP 1 – STUDENT INFO.** Complete fill out the student information, including:
 - a) Section 1 (personal information)
 - b) Section 2 (insurance information). Students are required to be covered by a minimum \$1500 insurance policy. If you do not have insurance, it is made available through Meyers Stevens – forms are available in the Business Office.
 - c) Section 3 (physician information). All students who participate in an athletic program, or are a member of Band or Cheerleading must submit a physical dated on or after May 1st,
 - d) . d. Section 4 (education history) **If you have more than one child attending West HS, you will be able to enter information for each separately. This information will save and be available the next time you login – you will not have to repeat this step each time you submit a clearance. It will also save for future years at West.
- 5) **STEP 2 – MEDICAL INFO.** Completely fill out medical information questionnaire. If you answer yes to any of the questions, you will be prompted to fill in a brief response/explanation.
 - a) **Upload a copy of the physical do not turn it into West High! UPLOAD ONLY**
- 6) **STEP 3 – PARENT/GUARDIAN INFO.** Completely fill out the parent/guardian info. Similar to the student info, you will not need to fill this information in each time you submit a packet.
 - a) Please submit an emergency contact as well. All efforts will be made to contact the parent/ guardians first in any emergency
- 7) **Step 4 – SIGNATURES**
 - a) Please read each form and provide an electronic signature for each.
- 8) Once all your information is submitted and verified, the Athletic Office will accept your clearance and you will receive an automated email confirming completion.

YOU ARE NOT OFFICIALLY CLEARED UNTIL YOU RECEIVE A CONFIRMATION EMAIL

If you have any questions- Jason Druten, Athletic Director, Druten.jason@tUSD.org 310-533-4299 x7605

WEST HIGH SCHOOL PHYSICAL SCREENING

****Physical must be dated May 1, 2026 or later** NO EXCEPTIONS**

HISTORY (Must be completed and signed by parent prior to examination):

SPORT: _____ SCHOOL: **WEST HIGH** DATE: _____ Last
Name _____ First Name _____ Grade _____ Age _____ Date of Birth _____
Address _____ City _____ Zip Code _____

HEALTH HISTORY (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

_____ Heart Trouble _____ High Blood Pressure _____ Asthma _____ Diabete _____ Kidney

Problems _____ Head Trauma _____ Seizures _____ Other (List below) History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications _____ Allergies _____ Last Tetanus Immunization _____

Signature of Parent or Guardian: _____

PHYSICAL EXAMINATION (To be completed by physician):

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

Visual Acuity: O.D. _____ / _____ O.S. _____ / _____ () Corrected () Uncorrected L.M.P. _____ () Chest

Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Sudden Death of Family Member

	NORMAL	10. MUSCULOSKELETAL, ROM, STRENGTH	NORMAL
1. EYES		NECK	
2. EARS, NOSE, THROAT		SPINE	
3. MOUTH AND TEETH		SHOULDERS	
4. NECK		ARMS/HANDS	
5. CARDIOVASCULAR		HIPS	
6. CHEST AND LUNGS		THIGHS	
7. ABDOMEN		KNEES	
8. SKIN		ANKLES	
9. GENITALIA-HERNIA(MALE)		FEET	
		11. NEUROMUSCULAR	

ABNORMAL FINDING: _____

RECOMMEND: () Full Activity, No Restrictions

() Activity with Restrictions: () No contact sports () Other: _____

() No Participation

EXAMINING PHYSICIAN: Name _____ License#: _____ Date: _____

Phone # _____ DATE OF EXAM: _____ Doctor's Stamp here: