

Sudden Cardiac Arrest Risk Clearance Paperwork Document

must be signed by a Physician licensed in the State of California

Athlete Name: _____ **Date of Evaluation:** _____

Date of Birth: _____ **Club & Team:** _____

The above athlete fainted before, during or after exercise (Y/N)	
Details of the incident:	
Other symptoms observed or reported: ____ Seizure ____ Fainting ____ Racing Heart ____ Chest Pain or Pressure ____ Dizziness ____ Shortness of Breath ____ Irregular Heartbeat ____ Heart Palpitations ____ Light Headedness ____ Excessive or Unexpected Fatigue After Exercise ____ Flu-like Sensation (nausea, back pain or abdominal pain) ____ Family History of Heart Abnormalities or Sudden Death before the age of 40	

Signature: _____ **Name:** _____ **Date:** _____ **ATC/Coach**

To Be Completed by the Physician:

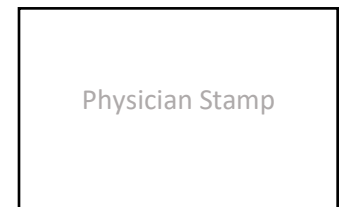
In alignment with the Eric Paredes Sudden Cardiac Arrest Prevention Act any athlete who faints before, during or after exercise or exhibits symptoms of a heart condition will be removed from participation and will require physician clearance prior to returning to play.

Please initial the box that applies:

<input type="checkbox"/>	Further evaluation is necessary prior to the athlete returning to play. The athlete is NOT cleared for physical exertion or sport participation.
<input type="checkbox"/>	The athlete has been evaluated and it has been deemed NOT safe to return to rugby at this time.
<input type="checkbox"/>	The athlete has been evaluated and is cleared to return to full sport participation.

Physician Name: _____ **Phone #:** _____

Physician Signature: _____ **Date:** _____



Submit Completed form to Rugby NorCal for clearance.