

## CAL SPORT CLUBS QUICK REFERENCE GUIDE: MEDICAL CLEARANCE

# THESE INSTRUCTIONS ARE FOR STUDENTS WHO ARE NEW TO SPORT CLUBS, OR STUDENTS WHO HAVE NEVER RECIEVED A SPORT CLUBS PHYSICAL.

### **DETAILS & REQUIREMENTS:**

A pre-participation physical examination (PPE) is required for all new participants of every sport club in 2024-2025

- Ifyou received physical examusing the sportclub PPE form in previous school year(s), you do not need toget another physical. You DO need to fill out a returning at hlete health history form (HHR).
- You Must use the provided Cal Sport Club specific form.
- Must be completed by completed by a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA) or Nurse Practitioner (NP).
  - PPE completed by family members will not be accepted regardless of credentials.
  - If you have a pre-existing condition that may affect your ability to participate in your sport, bring all relevant information to your appointment.
- A completed exam must have:
  - A stamp or patient sticker from the medical office (on both forms) as well as the doctor's signature.

#### Clearance & Submission Process:

• In order to protect your personal health information, you will upload your forms into your eTang portal: see instructions on the next page.

#### **SUGGESTED LOCATIONS:**

Your are welcome to use your primary care physician.

- WellnessMart (\$40)
  - o 1409 Webster St, Oakland, CA 94612
  - Price regardless of insurance type
- Carbon Health (\$50)
  - 2920 Telegraph Ave, Berkeley, CA 94705
  - o Pricing only offered with SHIP.
  - Select "Sports Physical" when booking appointment
- Instant Urgent Care (\$139)
  - 3095 Telegraph Ave, Berkeley, CA 94705
  - o Pricing regardless of insurance
- Walgreens (\$69)
  - Pricing regardless of insurance
  - Locations vary; no locations within 50 miles of Berkeley
- CVS (\$45-89)
  - Pricing regardless of insurance
  - Locations vary; no locations within 50 miles of Berkeley
- The Tang Center (\$50)
  - To book an exam at the Tang Center you MUST call to schedule an appointment (510)

642-2000 -press option 2



# CAL SPORT CLUBS QUICK REFERENCE GUIDE: MEDICAL CLEARANCE E-TANG SUBMISSION

\_\_\_\_\_\_

#### DETAILS & REQUIREMENTS:

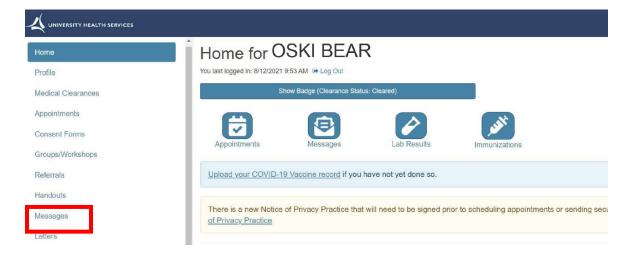
- To protect your personal health information, you will upload your PPE forms into your <u>eTang portal</u>.
   DONOTEMAILYOURFORMSANDDO NOT UPLOAD TO IMLEAGUES
- The estimated turnaround time is 10 15 business days for your PPE forms to be reviewed and your eligibility status to be updated in IMLeauges.
  - This is not an automated process; your forms will be reviewed the sport club athletic trainer(s). Your IMLeagues eligibility status will be manually updated by the sport club administration.
- Athletes may be asked to provide clarification or meet with additional healthcare providers for further evaluation prior to full clearance to participate in sport club activities.
- Upon finding new or relevant changes in an athlete's health information, your clearance status may change.

While you wait for your PPE forms to be reviewed please ensure that you have created an IMLeagues account and have purchased the sport club membership pass. Without an active IMLeagues account or sport club membership pass your medical clearance may be delayed.

#### E-TANG SUBMISSION PROCESS:

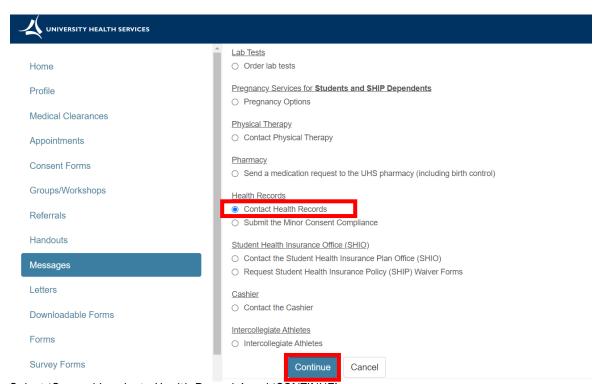
To upload your PPE Medical Clearance forms, log into eTang. **NOTE:** *If it is not already, please* **change your email address on your portal to your Berkeley email address**. *Please* **replace your personal email with your berkeley.edu**.

- 1. Go to https://etang.berkeley.edu
- 2. Login using CalNet credentials
- 3. Click on 'Messages' on the left hand side
- 4. Click on 'New Message'

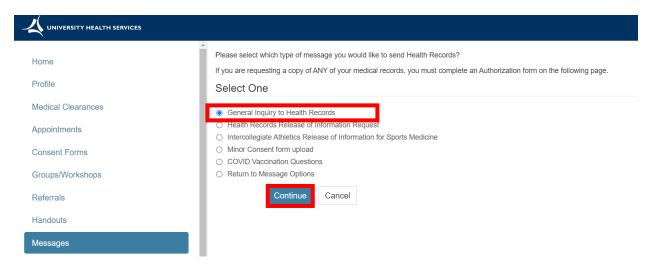




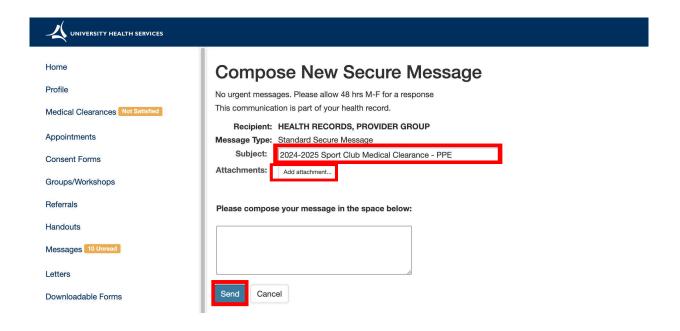
5. Under the section "HEALTH RECORDS" Select 'Contact Health Records' and Click on 'CONTINUE'



6. Select 'General Inquiry to Health Records' and 'CONTINUE'



- 7. Draft subject title: '2024-2025 Sport Club Medical Clearance PPE'
- 8. Attach your Medical Clearance Forms via "ADD ATTACHMENT"
- 9. Click on 'Send'



Review and status updates will take up to 10 -15 business days after documents are submitted via your eTang portal.

- o After submission, if you have any questions please contact <a href="mailto:calscathletictraining@berkeley.edu">calscathletictraining@berkeley.edu</a>
- o Workflow:
  - Your physical will be manually reviewed by the sport club athletic trainer(s).

#### History Date of Exam Student ID: Name \_\_\_\_\_ Sport(s) Yes No Yes No 1. Do you have any ongoing conditions? (diabetes, migraine 26. Have you ever had a head injury or concussion? headaches or asthma) 27. Have you ever been hit in the head and been confused, had a If yes, what: prolonged headache, or lost your memory? If yes, is it well-controlled? 28. Have you ever had a seizure? 2. Have you ever been hospitalized overnight? 29. Do you have frequent or severe headaches? 3.Are you currently taking any prescription, nonprescription medications, pills, using an inhaler, any performance enhancing medications / supplements? 30. Do you have headaches with exercise? 4. Do you have allergies to any medications, pollens, foods, 31. Do you have groin pain or a painful bulge or hernia in or stinging insects? the groin area? 5. Do you have a broken, chipped, loose tooth, dental plate? 32. Have you ever had pain, numbness AND/OR tingling in 6. Are you missing one of the following: kidney, eye, testicle (or an undescended testicle)? your arms, hands, legs, or feet after being hit or falling? 33. Has a physician ever denied or restricted your participation 7. Do you follow a specific diet? in sports for any reason? 8. Have you had a weight loss greater than ten pounds in the last 6 34. Have you ever had surgery? months? 35. Do you currently have a bone, muscle, or joint injury that 9. Has anyone recommended you change your weight or eating habits bothers you? in the last 6 months? 36. Do you use any special protective or corrective equipment 10. Have you had problems with your eyes or vision including prior or devices that aren't usually used for your sport or position injury? (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, or hearing aid)? 11. Do you wear glasses, contacts, or protective eye wear? 37. Have you ever had an injury, like a sprain, muscle or ligament 12. Do you have any current skin problems (for example, itching, tear, or tendonitis that caused you to miss a practice or game? rashes, acne, warts, fungus, blisters, MRSA, or herpes skin infection)? 13. Have you ever passed out or nearly passed out DURING and/or 38. Have you broken/fractured any bones or dislocated any joints? AFTER exercise? 39. Have you had a bone or joint injury that required x-rays, MRI, CT surgery, injections, rehab, physical therapy, brace, cast 14. Have you ever had discomfort, pain, tightness, or pressure in your or crutches? chest during exercise? 15. Does your heart ever race or skip beats (irregular beats) during 40. Have you ever had a stress fracture? If yes, which body part: 16. Has a doctor ever told you that you have any heart problems? If YES to any, circle which: High blood pressure, High cholesterol, Is it still bothering you? Kawasaki disease, Heart murmur, Heart infection or other? 41. Do you use tobacco products? 17. Have you had any tests for your heart? 18. Do you get lightheaded, have difficulty breathing, or feel short If yes, type of tobacco: of breath more than expected during exercise? Packs/Cartridges per day \_\_\_\_\_ Years smoked \_\_\_\_ 19. Has any family member or relative died of heart problems or 42. Would you like to know more about mental health resources? died suddenly before the age of 50? If yes, answer in note space. 43. Would you like to know more about nutrition services? 20. Does anyone in your family have a heart problem, pacemaker, or 44. Would you like to know more about sexual health resources? implanted defibrillator? 45. Would you like to know more about time or stress management 21. Has anyone in your family had unexplained fainting, seizures, or resources? near drowning? 46. Have you ever had a menstrual period? 22. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, 47. How old were you when you had your first menstrual period? long QT syndrome, short QT syndrome, Brugada syndrome, or 48. Do you have a monthly period? If no, explain: catecholaminergic polymorphic ventricular tachycardia? 23. Have you ever become ill from exercising in the heat? 24. Has a doctor told you that you or someone in your family has 49. What is the longest time (in months) you have gone without a sickle cell trait/disease or thalassemia "or other blood disorders?" period? 25. Have you had any feelings of depression, self harm or to others?

I have reviewed the questions with the student athlete.

Date of Birth:

My answers to the above questions are complete and correct.

Medical Clearance – Cal Sport Clubs –

Medical Clearance – Cal Sport Clubs – Phys						am		Date of Birth:
Visio	on: Riş	ght 20/ Left 20/	Bila	Bilateral 20/ Corrected:		Y N	Student ID:	
Height		WeightBMIPulse		Pulse	Blood Pressur		e	
Nml	Abn	General/Internal Co	mments		Nml	Abn	Musculoskelet	al Comments
		Head					Neck	
		Eyes					Spine	
		ENT					Shoulders	
		Lymph Nodes					Back	
		Lungs					Arms	
		Abdomen					Elbows	
		GU					Wrists	
		Skin					Hands	
		Neurological					Hips	
Nml	Abn	Cardiovascular					Thighs	
		BP (sitting)					Knees	
		Auscultation					Ankles	
		Pulses					Feet	
Notes	<b>S</b> :							
Assessment/Plan								
Any	Any pre-existing injury/illness?							
Medical Y N Ortho Y N								
Student athlete cleared to Participate								
Medical Y No, follow up needed:					ed:			
Ortho Y No, follow up neede				ed:				