



Pre-Participation Exam Packet

Physical Information:

- Call your primary care physician or family doctor to set up a sports physical ASAP
- **Physicals MUST be completed by an MD or DO**
- Must be turned in via Canvas by **April 5th by midnight AND** the hard copy must be turned in on the first day back to campus to the athletic trainer – Jayme Jenkins
- Even if you are a returning athlete, you still need to turn in an updated physical
- Physical and COVID questionnaire must be completed in the 2021 year
- No on site physicals will be offered at this time – please try to schedule with your own family doctor – if you are unable to see your own doctor, see below for a few options in the area
- If you have any questions or concerns, please email me at jjenkins001@sdccd.edu and I will do my best to help

1. Danh Truong, MD

- a. **Address:** 4310 Euclid Ave, Suite D San Diego, CA 92115
- b. **Phone:** 619-584-4048
- c. **Cost:** \$40
- d. **Insurance:** does not accept insurance at this location
- e. **Appointment:** walk-in appointments only
- f. **Office hours:**
 - i. Monday, Tuesday, Thursday, Friday: 7:00am – 3:00pm
 - ii. Wednesday: 7:00am – 1:00pm
 - iii. Not open on weekends

2. Family Health Centers of San Diego

- a. **Address:** locations throughout San Diego county
- b. **Website:** <https://www.fhcsd.org/about-us/>
- c. **Phone:** 619-515-2300
- d. **Cost:** \$45+, extra services may increase the price
- e. **Insurance:** does not accept Kaiser, call for more information
- f. **Appointment:** must call to schedule an appointment with MD for sports physical
 - i. **When scheduling an appointment, make sure MD is available, your physical can ONLY be signed by an MD or DO**



3. **Metro Comprehensive Medical Center - Dr. Calvin Wong, MD**
 - a. **Address:** 444 W C St #185, San Diego, CA 92101
 - b. **Phone:** (619) 232-6262
 - c. **Cost:** \$58
 - d. **Insurance:** call for more information
 - e. **Appointment:** call to schedule a “Sports physical” with Dr. Wong and tell them you are a San Diego City College student athlete
 - f. **Office hours:** Mon - Fri, 8:30am-5pm

4. **AFC Urgent Care**
 - a. **Address:** locations throughout San Diego county
 - b. **Website:** <https://www.afcurgentcare.com/locations/>
 - c. **Cost:** \$75
 - d. **Insurance:** call for more information
 - e. **Appointment:** must call to schedule an appointment with MD for sports physical
 - i. **When scheduling an appointment, make sure MD is available, your physical can ONLY be signed by an MD or DO**

5. **San Diego Sports Medicine and Family Health Center**
 - a. **Address:** multiple locations
 - b. **Website:** <https://www.sdsm.com>
 - c. **Cost:** \$75
 - d. **Insurance:** call for more information
 - e. **Appointment:** must call to schedule an appointment with MD for sports physical
 - i. **When scheduling an appointment, make sure MD is available, your physical can ONLY be signed by an MD or DO**

6. **Concentra Urgent Care**
 - a. **Address:** multiple locations
 - b. **Website:** <https://www.concentra.com/urgent-care-centers/#g=32.9184763|-117.1382404&o=DistanceMi%2CAscending&a=San%20Diego%2C%20CA%2092126%2C%20USA&z=9&glevel=1&locationcategorytype=Physicals>
 - c. **Cost:** \$90
 - d. **Insurance:** call for more information
 - e. **Appointment:** must call to schedule an appointment with MD for sports physical
 - i. **When scheduling an appointment, make sure MD is available, your physical can ONLY be signed by an MD or DO**



HISTORY FORM

Preparticipation Physical Evaluation

Date of Exam _____ Sport(s) _____

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

City, State, Zip _____

Explain 'Yes' answers below. Circle questions you don't know the answer to.

- 1. Has a doctor ever denied or restricted your participation in sports for any reasons?
2. Do you have an ongoing medical condition (like diabetes or asthma)?
... 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
... 49. How many periods have you had in the last year?
Explain "Yes" answers here:
Certified Athletic Trainer's Initials:

26. Have you ever used an inhaler or taken asthma medicine? Yes No

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____



**PHYSICAL EXAMINATION
FORM**

PREPARTICIPATION PHYSICAL EXAM

Name _____ Date of birth _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ / _____ Corrected: Y N

Pupils: Equal _____ unequal _____ FMS _____

Follow-Up Questions

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure? YES NO
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken steroids or shots without a doctor's prescription?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?

Explain any Yes answers: _____

	Normal	Abnormal Finding	Initials
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitourinary			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Knee			
Leg/ankle			
Foot/Toes			

*Multiple-examiner set-up only
 **Having a third party present is recommended for the genitourinary examination.

Notes: _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All Sports Certain Sports _____ Reason: _____

Name of Physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO

Chiropractor physicians WILL NOT be accepted

PHYSICALS MUST BE SIGNED & STAMPED BY M.D. OR D.O.

UNABLE TO ACCEPT PAPERWORK UNLESS SIGNED & STAMPED BY M.D. OR D.O.

SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

RISKS OF ATHLETIC PARTICIPATION

1. There is the inherent risk of injury in *all* athletic activities. The risk of serious injury affecting your life choices or life is relatively small.
2. To reduce the risks, you, the athlete, must listen to your coaches and learn to use the correct techniques and equipment required for your sport or athletic activity. Injuries must be reported immediately to the coach or certified athletic trainer and treatment instructions followed. Since District will not be providing any equipment in connection with the Activity, participant is solely responsible for his/her own equipment and the District assumes no liability in connection with the use or suitability of the equipment.
 - 2.1. If you elect not to follow the coach's instructions, not use the correct techniques or equipment, or ignore medical treatment instructions, you alone are responsible for the results of this action.
3. The number and types of injuries differ for all sports but fall into the following general categories:
 - 3.1. **Lacerations and abrasions** (e.g., cuts and scrapes): The long-term result of these is usually minor if cared for correctly. The most common risk may result in a scar, which may be a cosmetic deformity. IF THE CUT IS DEEP ENOUGH IT MIGHT AFFECT YOUR MUSCLES, NERVES, BONES OR CIRCULATION. The result of this might be the permanent loss of the use of that muscle, paralysis, or use of the injured area.
 - 3.2. **Sprains and strains** (e.g., injuries to your joints or muscles): Most of these are minor and require only therapy to recover from them. The more serious of these may require surgery and/or casting to restore the muscle or joint. There will also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. The therapy is much longer. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions (e.g., playing the piano). You may also have difficulty in performing daily activities such as bending or walking.
 - 3.3. **Fractures** (e.g., broken bones): If even minor fractures are ignored the result may be the loss of some physical capabilities. The more serious of these may require surgery and/or casting to restore the broken bones. There may also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions. You may also have difficulty in performing day-to-day activities such as bending or walking.
 - 3.4. **Catastrophic injuries**: These types of injuries are rare but do happen. They are injuries to your nerves, blood vessels, heart, brain, internal organs, sexual organs, eyes, ears and nose. The long term risk of these is much more serious. You may even die from these injuries. You may lose the function of a joint or limb. You may be permanently paralyzed, not be able to move your arms or legs on your own and be confined to a wheelchair. Assistance may be required for you to perform the most basic of bodily functions, such as a bowel movement. You could be blinded or lose your hearing. Your access to the job market may be severely restricted, and your family and social life may also be very limited.



Name: _____

Sport: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Relationship: _____

Phone Number(s): _____

Please indicate if number is home(h), cell(c), or work(w).

VERIFICATION OF INSURANCE

I have NO health insurance: _____

I have health insurance: _____

Primary Insurance Company Name: _____

Address: _____

Phone Number: _____ HMO ___ PPO ___ OTHER ___

Policy Number: _____

What Facility should be used? _____

Secondary Insurance Company Name: _____

Address: _____

Phone Number: _____ HMO ___ PPO ___ OTHER ___

Policy Number: _____

What Facility should be used? _____

I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning facts material thereto, commits a fraudulent act, which is a crime.

Signature: _____

Date: _____

SAN DIEGO CITY COLLEGE

COVID-19 Questionnaire

Name: _____
Last First MI
Date of Birth: _____ Age: _____ CSID _____
Phone#: _____ Gender: _____ Sport(s): _____

Explain 'Yes' answers on lines below.

1. Are you currently experiencing any of the following symptoms? **Yes** **No**
 Cough Fever or chills Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting
Explain: _____
2. Have you been tested for COVID-19? **Yes** **No**
 Swab Test Blood/Antibody Test
Explain: _____
3. Have you ever been diagnosed with COVID-19? **Yes** **No**
If yes, please provide medical documentation of your diagnosis: _____
Also, please check all that apply:
 Quarantine only Hospitalized ICU Other
Explain (include dates and duration and severity of your illness): _____
4. Are you currently, or have you within the past two weeks, been caring for anyone ill or diagnosed with COVID-19? **Yes** **No**
Explain: _____
5. Have you had direct contact with someone who has a lab confirmed diagnosis of COVID-19? **Yes** **No**
Explain: _____
6. Have you been working during the COVID-19 Pandemic? **Yes** **No**
Explain (include type of business and dates): _____
7. Since March 15th, 2020, have you traveled out of the country? **Yes** **No**
Explain (include location and dates): _____
8. Since March 15th, 2020, have you traveled out of California? **Yes** **No**
Explain (include location and dates): _____

Please list any further information or notes below:

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

Signature of Athlete

Signature of Parent/Guardian

Date

Athletic Trainers Initials: _____

March 17, 2021