

## **Return to Campus Checklist ☑**

1.	Sign-u	p with athletics class on Canvas 🖂
2.	Sign u	p with SWAY $\square$
	a.	See attached instructions
3.	Submi	t a physical performed by an MD or DO $\square$
	a.	Submit physical into athletics canvas page under "assignment" link
	b.	Must be turned in by 5pm on Tuesday June 6 <sup>th</sup>
	c.	Complete entire pre-participation packet including COVID questionnaire,
		health history, and a copy of your insurance card
4.	Submi	t a negative COVID-19 test $\square$
	a.	Get tested at any free county testing center between July7th & July 10 <sup>th</sup>
		i. Upload results into Canvas by 11:59pm on Saturday July 11 <sup>th</sup>
		OR
	b.	Get tested on campus Thursday July 8 <sup>th</sup> between 10:00am to 1:00pm.
		i. MUST HAVE TURNED IN A COPY OF YOUR INSURANCE CARD BY
		JULY 6 <sup>TH</sup> TO GET TESTED ON CAMPUS!
5.	Watch	the Safety Orientation Video and complete the online quiz (in
	assign	ments, left column on Canvas) – must get 100% on quiz 🗆



### **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 Tuesday July 6th at 5pm <u>AND</u> 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. If you participated in **Spring 2021** Conditioning YOU DO NOT NEED ANOTHER PHYSICAL.
- Physical 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 <a href="mailto:jjenkins001@sdccd.edu">jjenkins001@sdccd.edu</a> 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: <a href="https://www.afcurgentcare.com/locations/">https://www.afcurgentcare.com/locations/</a>

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**: <a href="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">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</a>

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



Signature of athlete \_

## 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.	/es	No	27.	7337777		nout or are you missing a kidney, an eye, a				
	Has a doctor ever denied or restricted your participation in sports for any reasons?			28.			er organe tious mononucleosis (mono) within the last				
	Do you have an ongoing medical condition (like diabetes or asthma)?			29.		have any ra	shes, pressure sores, or other skin				
	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?			30. 31.	Have yo	u had a her	pes skin infection? a head injury or concussion?	ij			
	Do you have allergies to medicines, pollen, foods, or stinging insects?				100000000	u been hit i	n the head and been confused or lost your		_		
	Have you ever passed out or nearly passed out DURING exercise?			12.65	Have yo	u ever had	a seizure? ches with exercise?				
	Have you ever passed out or nearly passed out AFTER exercise? Have you ever had discomfort, pain, or pressure in your chest			34. 35.	Have yo	u ever had	ones with exerciser numbness, tingling, or weakness in your eing hit or falling?	П	_		
	during exercise?  Does your hear race or skip beats during exercise?			36.	Have yo		unable to move your arms or legs after	П			
Ç.	Has a doctor ever told you that you have (check all that apply):  _gh Blood Pressureheart murmur			37.	When e		the heat, do you have severe muscle				
).	By Cholesterol Dheart infection Has a doctor ever ordered a test for your heart? (i.e ECG,	_	_	38.	Has a d	octor told y	ou that you or someone in your family has ckle cell disease?				
1.	echocardiogram)? Has anyone in your family died for no apparent reason?				Have yo	ou had any p	problems with your eyes or vision? s or contact lenses?				
	Does anyone in your family have a heart problem?  Has any family member or relatice died of heart problems or of			41.			tive eyewear, such as goggles or a face		6 6 E		
	sudden death before age 50?  Does anyone in your family have Marfan syndrome?				Are you	1,000	your weight?		Ξ		
i.	Have you ever spent the night in a hospital? Have you ever had surgery?					one recom	in or lose weight? mended you change your weight or eating				
	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice of game? I	f _	F. (1980)	45.	Do you	limit or care	efully control what you eat?		È		
1.	yes, what body part was affected? Have you had any broken or fractured bone(s), or dislocated			46.	doctor?		ncerns that you would to discuss with a				
1.	joint(s)? If yes, which bone(s) or joint(s)? Have you had a bone or joint injury that required x-rays, MRI, CT	. 🗆			Have yo	ou ever had	a menstrual period? when you had your first menstrual period?				
	surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, which bone or joint was involved.			49.	How ma	any periods	have you had in the last year?				
). L.	Have you ever had a stress fractured? Have you been told that you have a or have you had an x-ray for										
į.	atlantoaxial (neck) instability? Do you regularly use a brace or assistive device?			_		4					
3.	Has a doctor ever told you that you have asthma or allergies? Do you cough, wheeze, or have difficulty breathing during or			Cen	tified Ath	letic Trainer	's Initials:				
5.	after exercise? Is there anyone in your family who has asthma?										
	Have you ever used an inhaler or taken asthma medicine?	Yes									

\_\_\_\_\_Signature of parent/guardian \_\_\_\_\_\_



PHYSICAL EX	KAMINATION
FORM	

### PREPARTICIPATION PHYSICAL EXAM

Name					Dat	e of birt	h		
Height Wei	ght	Pulse	BP	_/(	1			) Corrected: Y	N
Pupils: Equal un	equal	FMS_						<u>-</u> 1	
Follow-Up Question 1. Consider additional ques	ns stions on m	ore sensitive iss	ues					YES	NO
<ul> <li>Do you feel stressed of</li> </ul>	ut or under	a lot of pressure	?						
<ul> <li>Do you ever feel sad.</li> </ul>	hopeless, d	epressed, or an	dous?					0	0
<ul> <li>Do you feel safe?</li> <li>Have you ever tried die</li> </ul>	narotton ch	ewing tabacco	enuff or di	in?				0	0
During the past 30 day									_
Do you drink alcohol o     Have you ever taken s     Have you ever taken s Explain any Yes answers:	r use any o steroids or s any supplem	ther drugs? hots without a do nents to help you	octor's pre	scription?	improve	your peris	ormance	97	0
		al Abno	7750EE	el/limits	SUPERIOR STATE		are brown		
MEDICAL	Ann ser	to a second		San San San			22 (f) A		25 120
Appearance	+		-				OF ILLES		
Eyes/Ears/Nose/Throat	-	_							
Hearing		-							
Lymph Nodes	+								
Heart									
Lungs	-								150
Abdomen	+		- 1				100		
Genitourinary									70.
Skin	+ -	MC 2012		St 12-					
	Month	#A.Y. 00		100		3.4	S #	Name and the	
MUSCULOSKELETAL									100000
Neck									
Back									
Shoulder/arm									QC =-
Elbow/forearm									
Wrist/hand/fingers				-078			sine e		
Knee									
Leg/ankle					- 1				
Foot/Toes			- 15			_ *			= 1,50
"Having a third party pres Notes:  Cleared without res Cleared, with recom	triction imendatio	ns for further	evaluat	ion or trea	itment f	Reason:			
	rint/tune\							Date:	
Name of Physician (pr Address									

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.

24.5

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.

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.

\*A separate waiver is needed for each participant per sport.

## SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

### WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

or	an	d	in	consideration	of	F T	the	in Alam	participant,	(Participant's	Name) (the
ACT	TIVIT	Y") O	r in a	ny athletic activit	ies spo	J by CAN	DIE	GO CITY COLLE DISTRICT"), the un	GE (the "COLL	EGE"), one of the ees as follows:	colleges
Lui	ASSL	IMP	TION	OF RISK		2.47		af the notent	tial dangers in	cidental to engag	ing in the
	a h	activi nas unde	ty an also rsign	d instructing of ( read and under ed fully understa	stands ands th	the attached	sect risk	tion, "Risks of A of serious inju	thletic Particip ry or death w	cidental to engag TIVITY"). The un- pation" (on revers hile participating	se). The in athletic
	1.2.	Beca	use (	of the dangers of ed acknowledge	particles the	importance of	f fol	lowing instruction	N. HOLL S. P. G. C. S. L. S. C. C. S. C. S	perty of the COLI staff regarding	
	0001295	techr	nique	s, training, equip	ment, a	ano luies. his/her partici	oatio	n in athletic acti	vities is volun	tary and he/she kisk created by t	nowingly
								ticipation, INCL faculty personne		isk created by t	ne active
2.	WAI\ 2.1.	VER The relea negli coac	OF L unde ase, ligen ches,	IABILITY rsigned does for discharge, waiv ce by the DISTF volunteers, athle	him/h ve, rel RICT's etic dire	erself, his/her inquish, and or COLLEGE's ectors, certified	neirs, cover s boa athle	nant not to sue	nistrators and for any and ficers, employe ent managers, d whatsoever	assigns hereby vall claims, includes, agents, represor athletic training to the fullest extension.	sentatives a students
3.	INDE 3.1.	The any the volu und DIS volu and dam	under claim COL inteer lersignate inter lersignate	ersigned for him/ for personal inju- LEGE's or DIS' rs, athletic direc- gned shall hold T's or COLLE rs, athletic direct	herself lry, pro TRICT' tors, con harmi GE's ors, con s of an	f, his/her heirs, perty damage, s board of trusertified athletic ess and indended board of trusertified athletic t	exect death stee train nnify tees, raine	cutors, administra h or loss of any ki s, officers, empl- ners, student ma for any and all officers, emplo- ers, student mana	tors, and assigned whatsoever oyees, agents magers, or at claims, include oyees, agents gers, or athletics or presented	gns agrees that in shall be prosecut, representatives hetic training studing any negliged representatives training student for personal injurgned's involvem	, coaches idents, th nce by th , coaches s from an
4.	42	The agr	wLE e und reem ludin indep e und reto, a	DGMENT  Jersigned has re  Jersigned has re  Jersigned to sendently retain  Jersigned acknowledges	ead the stands ue. The ned att wledge this wa	e undersigned orney, and is set that this relative are contracts that the set the set that the set that the set that the set that the set the set that the set th	l ack ignii ease tual.	nowledges that ng the agreemen contains the El	he/she had that freely and ventile AGREE	ification and hold ving up substant ne option to seek oluntarily. EMENT between	the partie
							^	_	Da	te	
0	gnatu	ire of	f Part	icipant			Age	5	50	WE 23	
5	-										



Name:	Sport:
IN CASE OF EMERGENCY, CONTA	CT·
IN CASE OF EMERGENCI, CONTA	CI.
Name:	Relationship:
Phone Number(s):	ber is home(h), cell(c), or work(w).
VERIFICATION	ON OF INSURANCE
I have NO health insurance: I have health insurance:	
Primary Insurance Company Name:Address:	
Phone Number:	HMOPPOOTHER
What Facility should be used?	
Secondary Insurance Company Name:	<u>C. m. i.e. m. (67 7m)                                  </u>
Address:	
Phone Number:	HMOPPOOTHER
Policy Number:	
What Facility should be used?	
	o defined any insurance sompany or other person files a statement of sfor the purpose of misleading, information concerning fates material
Signature:	Date:

# SAN DIEGO CITY COLLEGE

### **COVID-19 Questionnaire**

Name:			
Last	Firs		MI
Date of Birth:	Age:		
Phone#:	Gender:	Sport(s):	
Explain 'Yes' answer	s on lines below.		
•	n diagnosed with COVID	-19?	Yes □ No □
Please check all	•		
	ly □ Hospitalized □ ICU [	□ Other	
		severity of your illness:	
	persist beyond the 10-c	· -	Yes □ No □
•			Yes □ No □
3. Are you considered Explain:			ies – no –
	out of California in the la	st 14 days?	Yes □ No □
	location and dates):		105 110
	,	ate of the last injection?	Yes □ No □
-		, 	
•	•		
Please list any furth	er information or note	s below:	
I hanaby state that t	a the best of my knowl	adge my encurers to the	ahaya guastians
are complete and co		edge, my answers to the	above questions
are complete and co	11666		
Signature of Athlete	Signature of Do	rent/Guardian Date	