



THESE INSTRUCTIONS ARE FOR STUDENTS WHO ARE NEW TO SPORT CLUBS, OR STUDENTS WHO HAVE NEVER RECEIVED 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

- If you received a physical exam using the sport club PPE form in previous school year(s), you do not need to get another physical. **You DO need to fill out a returning athlete health history form (HHR).**
- You must use the provided Cal Sport Club specific form.
- Must be 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:

You are welcome to use your primary care physician.

- [WellnessMart](#) (\$40)
 - 1409 Webster St, Oakland, CA 94612
 - Price regardless of insurance type
- [Carbon Health](#) (\$50)
 - 2920 Telegraph Ave, Berkeley, CA 94705
 - Pricing only offered with SHIP.
 - Select "Sports Physical" when booking appointment
- [Instant Urgent Care](#) (\$139)
 - 3095 Telegraph Ave, Berkeley, CA 94705
 - 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 [eTang portal](#).
 - DONOTEMAILYOURFORMSANDDONOTUPLOADTOIMLEAGUES**
- The estimated turnaround time is 10 - 15 business days for your PPE forms to be reviewed and your eligibility status to be updated in IMLeagues.
 - 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.**

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

UNIVERSITY HEALTH SERVICES

Home for OSKI BEAR

You last logged in: 8/12/2021 9:53 AM Log Out

Show Badge (Clearance Status: Cleared)

Appointments Messages Lab Results Immunizations

Upload your COVID-19 Vaccine record if you have not yet done so.

There is a new Notice of Privacy Practice that will need to be signed prior to scheduling appointments or sending sec of Privacy Practice

UNIVERSITY HEALTH SERVICES OSKI BEAR

Home
Profile
Medical Clearances
Appointments
Consent Forms

Secure Messages Inbox

New Message Refresh

Read	From	Date	Subject
<input checked="" type="checkbox"/>	COMMUNICATIONS, TANG CENTER	7/21/2021 12:00 AM	Read COVID Test Lab Results

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

UNIVERSITY HEALTH SERVICES

Home
Profile
Medical Clearances
Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages
Letters
Downloadable Forms
Forms
Survey Forms

- Lab Tests
 - Order lab tests
- Pregnancy Services for **Students and SHIP Dependents**
 - Pregnancy Options
- Physical Therapy
 - Contact Physical Therapy
- Pharmacy
 - Send a medication request to the UHS pharmacy (including birth control)
- Health Records
 - Contact Health Records**
 - Submit the Minor Consent Compliance
- Student Health Insurance Office (SHIO)
 - Contact the Student Health Insurance Plan Office (SHIO)
 - Request Student Health Insurance Policy (SHIP) Waiver Forms
- Cashier
 - Contact the Cashier
- Intercollegiate Athletes
 - Intercollegiate Athletes

Continue Cancel

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

UNIVERSITY HEALTH SERVICES

Home
Profile
Medical Clearances
Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages

Please select which type of message you would like to send Health Records?
If you are requesting a copy of ANY of your medical records, you must complete an Authorization form on the following page.

Select One

- General Inquiry to Health Records**
- Health Records Release of Information Request
- Intercollegiate Athletics Release of Information for Sports Medicine
- Minor Consent form upload
- COVID Vaccination Questions
- Return to Message Options

Continue Cancel

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

UNIVERSITY HEALTH SERVICES

Home

Profile

Medical Clearances **Not Satisfied**

Appointments

Consent Forms

Groups/Workshops

Referrals

Handouts

Messages **10 Unread**

Letters

Downloadable Forms

Compose New Secure Message

No urgent messages. Please allow 48 hrs M-F for a response
This communication is part of your health record.

Recipient: HEALTH RECORDS, PROVIDER GROUP

Message Type: Standard Secure Message

Subject: 2024-2025 Sport Club Medical Clearance - PPE

Attachments: Add attachment...

Please compose your message in the space below:

Send Cancel

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

- After submission, if you have any questions please contact calscathletictraining@berkeley.edu
- Workflow:
 - Your physical will be manually reviewed by the sport club athletic trainer(s).

Medical Clearance – Cal Sport Clubs – History

Date of Birth: _____
Student ID: _____

Name _____ Date of Exam _____
 Sport(s) _____

	Yes	No
1. Do you have any ongoing conditions? (diabetes, migraine headaches or asthma)		
If yes, what:		
If yes, is it well-controlled?		
2. Have you ever been hospitalized overnight?		
3. Are you currently taking any prescription, nonprescription medications, pills, using an inhaler, any performance enhancing medications / supplements?		
4. Do you have allergies to any medications, pollens, foods, or stinging insects?		
5. Do you have a broken, chipped, loose tooth, dental plate?		
6. Are you missing one of the following: kidney, eye, testicle (or an undescended testicle)?		
7. Do you follow a specific diet?		
8. Have you had a weight loss greater than ten pounds in the last 6 months?		
9. Has anyone recommended you change your weight or eating habits in the last 6 months?		
10. Have you had problems with your eyes or vision including prior injury?		
11. Do you wear glasses, contacts, or protective eye wear?		
12. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters, MRSA, or herpes skin infection)?		
13. Have you ever passed out or nearly passed out DURING and/or AFTER exercise?		
14. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
15. Does your heart ever race or skip beats (irregular beats) during exercise?		
16. Has a doctor ever told you that you have any heart problems? If YES to any, circle which: High blood pressure, High cholesterol, Kawasaki disease, Heart murmur, Heart infection or other?		
17. Have you had any tests for your heart?		
18. Do you get lightheaded, have difficulty breathing, or feel short of breath more than expected during exercise?		
19. Has any family member or relative died of heart problems or died suddenly before the age of 50? If yes, answer in note space.		
20. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
21. Has anyone in your family had unexplained fainting, seizures, or near drowning?		
22. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or 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 sickle cell trait/disease or thalassemia "or other blood disorders?"		
25. Have you had any feelings of depression, self harm or to others?		

My answers to the above questions are complete and correct.

	Yes	No
26. Have you ever had a head injury or concussion?		
27. Have you ever been hit in the head and been confused, had a prolonged headache, or lost your memory?		
28. Have you ever had a seizure?		
29. Do you have frequent or severe headaches?		
30. Do you have headaches with exercise?		
31. Do you have groin pain or a painful bulge or hernia in the groin area?		
32. Have you ever had pain, numbness AND/OR tingling in your arms, hands, legs, or feet after being hit or falling?		
33. Has a physician ever denied or restricted your participation in sports for any reason?		
34. Have you ever had surgery?		
35. Do you currently have a bone, muscle, or joint injury that bothers you?		
36. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, or hearing aid)?		
37. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?		
38. Have you broken/fractured any bones or dislocated any joints?		
39. Have you had a bone or joint injury that required x-rays, MRI, CT surgery, injections, rehab, physical therapy, brace, cast or crutches?		
40. Have you ever had a stress fracture?		
If yes, which body part:		
Is it still bothering you?		
41. Do you use tobacco products?		
If yes, type of tobacco:		
Packs/Cartridges per day _____ Years smoked _____		
42. Would you like to know more about mental health resources?		
43. Would you like to know more about nutrition services?		
44. Would you like to know more about sexual health resources?		
45. Would you like to know more about time or stress management resources?		
46. Have you ever had a menstrual period?		
47. How old were you when you had your first menstrual period?		
48. Do you have a monthly period? If no, explain:		
49. What is the longest time (in months) you have gone without a period?		

I have reviewed the questions with the student athlete.

Signature of student athlete

Date

Signature of clinician (MD/DO/PA/NP):

Date

