



## **SMCCCD Pre-Participation Sports Screening Directions**

Dear Student / Guardian & Physician,

Welcome to the athletics program offered through the San Mateo Community College District. Before being able to practice or compete with any of our teams, students are required to complete and pass a pre-participation sport screening. The screening must be signed off and certified by a MD or DO. Screenings signed off and certified by Nurse Practitioners, Physician's Assistants, Chiropractors or Acupuncturists or any other health care practitioner will not be accepted. Your screening must be completed within 6 months of the first scheduled day of practice and is valid for one calendar year. This screening is not a substitute for a regular physical exam by your family doctor. The purpose of the exam is to enable the Sports Medicine staff at our colleges to best serve the needs of the student so he / she can participate safely and effectively.

The screening form consists of four pages. You need to take your time and make sure that you complete all the information as completely and accurately as possible. It is also important that the physician performing the screening do the same. To help you the student/ guardian and the physician performing the screening, here are some helpful directions below. Please show these to your physician:

### **Student / Guardian**

- At the top of all four pages, please make sure that you print neatly your last name, first name, G number and the sport you are playing. Your G number is your registration number assigned to you by the San Mateo Community College District when you applied. If you do not remember your G number, it can be located on websmart. If you do not have a G number yet, please leave this portion blank.
- Please take your time and answer all the questions. You should either check Yes or No for the questions asked. If you check yes, you will need to further explain your response in the space provided. Failing to answer all the questions, will result in you not being able to practice or compete in a timely manner.
- On page 1 through 3, you need to fill out and answer all the questions listed on that page.
- At the bottom of the Page 3 sign and date certifying that all the information on all the pre-participation sports screening exams forms, you have filled out, including my family medical history, my medical and musculoskeletal history are complete and accurate to the best of your knowledge. If you are below 18 years of age, your parent or guardian must sign and date as well.
- On Page 4, you need to provide your name, G number (if possible) and sport. **Do not complete Page 4.**

### **Physician (MD or DO)**

- After reviewing the Medical and Musculoskeletal History information located on pages 1 through 3, please perform the medical and musculoskeletal examination on Page 4 giving details in the space to the right if anything is abnormal or noteworthy.
- Please note any findings and then check the box with the appropriate medical and musculoskeletal disposition. You would then need to **print and sign your name along with the date at the bottom of the form. Also, please check the box indicating if you are a MD or DO and have your office stamp placed at the bottom of the form.**

After completing the screening, the student should return all four pages to the certified athletic trainer. If the student wants a copy of the screening exam, they should make a photocopy before submitting the originals. Please do not give a screening form to your coach. Thanks in advance for your diligence in completing this process.