



## **PRE PARTICIPATION PHYSICAL CHECKLIST**

Student Name: \_\_\_\_\_ Sport \_\_\_\_\_

Date: \_\_\_\_\_ Total pages (including cover sheet) : \_\_\_\_\_

For any information on this checklist, please

- **Email [sportsmedicine.physicals@berkeley.edu](mailto:sportsmedicine.physicals@berkeley.edu) to request a secure link to submit**
- **Or, Fax to: 510-643-0792, Attention: Sports Medicine Administration**
- **Or, Mail to:**  
**Sports Medicine Program Administration**  
**University Health Services**  
**2222 Bancroft Way**  
**Berkeley, CA 94720-4300**

## **CHECKLIST**

**I have completed ONLINE:**

- ☐ ONLINE FORMS including Health History at <https://etang.berkeley.edu/>  
**Contact us at [sportsmedicine@berkeley.edu](mailto:sportsmedicine@berkeley.edu) if you are unable to access the online Health History**

**I have enclosed with this fax or mailing (or hand delivery to your physical):**

- ☐ A copy of the FRONT and BACK of all current health insurance cards, including any dental insurance
- ☐ Minor Consent to Treat Form, ONLY if you are a minor (under age 18), please email [sportsmedicine.physicals@berkeley.edu](mailto:sportsmedicine.physicals@berkeley.edu) to request this form.
- ☐ **Sickle Cell Trait Testing Results**, (include either your records or the waiver referenced below). (initial here \_\_\_\_\_ if already submitted)
- ☐ Copies of your other **health records**, (initial here \_\_\_\_\_ if not applicable)  
This should include records for any orthopedic or medical condition for which you were restricted from participation during your high school career. Please also include testing and records related to ADD/ADHD or learning disabilities. If you have more questions, please email [sportsmedicine.physicals@berkeley.edu](mailto:sportsmedicine.physicals@berkeley.edu) or call (510) 642-4878 to inquire about which records you should provide.