UC San Diego Health

Free Pre-Participation Sports Exam for San Diego Unified Student Athletes

Screenings include all elements required to participate in sports for the 2019-20 school year, as well as optional concussion baseline testing, and sports health and wellness educational presentations. Electrocardiograms are also available to help screen for abnormalities in the heart's electrical system that can put student-athletes at risk of sudden cardiac arrest.

Check-In Times

8 a.m.	Football (last names starting with A-M)
8:30 a.m.	Football (last names starting with N-Z)
9 a.m.	Badminton, baseball, basketball, cheerleading
9:45 a.m.	Cross country, field hockey, golf, lacrosse
10:15 a.m.	Soccer, softball
11 a.m.	Swimming and diving, tennis, track and field, volleyball
11:45 a.m.	Water polo, wrestling

What to Bring

- School identification card
- Completed San Diego Unified health history form — ***must be signed by parent***
- Completed ImPACT baseline consent form (for optional concussion baseline testing) — ***must be signed by parent***
- Corrective eyewear if needed

Payment

The screening is free only for California Interscholastic Federation-sanctioned sports participants. For more information, please contact your high school athletic trainer or athletic director.

Event Details

When: Saturday, June 1, 2019
Time: 8 a.m. – noon

San Diego High School
1405 Park Blvd.
San Diego, CA 92101

Come dressed in athletic clothing and park in the San Diego High School parking lot, located east of Balboa Stadium and west of Interstate 5. Volunteers will direct you to the check-in area.

***Parents**: Please visit our wellness programs and screening exhibits while waiting for your child to complete the screening. If you are unable to attend, sign and complete forms and send with your child.*

UC San Diego Health

Examen gratuito previo a la participación para estudiantes atletas de San Diego Unified

El examen incluirá todos los elementos necesarios para participar en actividades deportivas en el año escolar 2019-20, así como pruebas opcionales basales para conmoción cerebral y presentaciones educativas sobre salud y bienestar deportivo. También hay cardiogramas disponibles para ayudar a detectar anomalías en el sistema eléctrico del corazón que pueden poner a los estudiantes-atletas en riesgo de un paro cardíaco súbito.

Horarios de registro:

8 a.m.	Futbol americano (apellidos que inician con las letras A-M)
8:30 a.m.	Futbol americano (apellidos que inician con las letras N-Z)
9 a.m.	Badminton, béisbol, baloncesto, porristas
9:45 a.m.	Campo traviesa, hockey sobre pasto, golf, lacrosse
10:15 a.m.	Futbol soccer, softbol
11 a.m.	Natación y clavados, tenis, atletismo, volibol
11:45 a.m.	Polo acuático, lucha

Qué traer

- Identificación escolar
- Formulario de historia de San Diego Unified contestado - ***debe estar firmado por uno de los padres***
- Formulario de consentimiento para examen ImPACT basal (para prueba basal ***opcional*** de conmoción cerebral - ***debe estar firmado por uno de los padres***
- ***Anteojos correctivos si corresponde***

El examen sólo es gratuito para participantes en deportes autorizados por Federación Interescolar de California. Para obtener más información, comuníquese con su entrenador escolar o con su director atlético.

Detalles del evento

Fecha: Sábado 1 de junio de 2019
Hora: 8 a.m. a mediodía

San Diego High School
1405 Park Blvd.
San Diego, CA 92101

Venga vestido con ropa deportiva y estacione en el estacionamiento de San Diego High School, ubicado al este del Estadio Balboa y al oeste de la Interestatal 5. Los voluntarios lo guiarán hacia el área de recepción.

***Padres**: Los invitamos a visitar nuestras exhibiciones sobre programas de bienestar y exámenes mientras esperan a que su hijo(a) complete el examen. Si no puede asistir, llene y firme los formularios y envíelos con su hijo(a).*

CONSENT FOR BASELINE COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____,
born (date of birth) _____, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test administered by UCSD Health. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

UCSD Health may release the ImPACT test results to my child's primary care physician, neurologist, other treating physician, or any licensed healthcare professional as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor, school nurse, principal and teachers, for the purposes of providing temporary academic modifications, if necessary.

Signature of parent/guardian _____

Name of parent/guardian _____

Date _____

Please print the following information:

Physician/licensed healthcare professional _____

Practice or group name _____

Phone number _____

Student's home address (street address, city/state/zip)

_____

Parent or guardian phone numbers:

Home _____

Work _____

Mobile _____

Preferred contact number: Home Work Mobile

Preferred time to call (if necessary): _____ am/pm