



## 2021 SPORTS INJURY CLINICS

### \*\*FREE THURSDAY AFTERNOONS\*\*

WHO: ALL **SUHSD** Student-Athletes  
COST: **FREE**  
WHEN: Thursday Afternoons at **3:00 PM**\*\*BY APPOINTMENT ONLY

#### WINTER / SPRING DATES 2021:

#### THURSDAYS 3:00 PM: \*\*

**February** 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>

**March** 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>

**April** 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>

**May** 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>

**June** 3<sup>rd</sup>

#### COVID-19 Precautions & Appointment Info:

Once appointment is confirmed, please arrive **10 MINUTES** prior to your appointment time.

Please wait by the side door for a **Wellness Center Staff Member** to check you in.

All minors **MUST** be accompanied by a parent or guardian.

WHERE: **SUHSD Sports Injury Clinic & Wellness Center**

ADDRESS: 670 L Street, Suite G, Chula Vista 91911

#### **\*\*BY ONLINE APPOINTMENT ONLY\*\***

See your Coach, Athletic Trainer or email the Wellness center at

[suhsd.wellness@sweetwaterschools.org](mailto:suhsd.wellness@sweetwaterschools.org)

**Directions:** SUHSD's Sports Injury Clinic & Wellness Center is located on

L street in the building east of the NAPA Auto Parts store.

Parking on side of building. Entrance on west side of the building.

### \*\*IMPORTANT\*\*

- **DO NOT ENTER IF YOU HAVE ANY SYMPTOMS**
- Bring **Completed** Referral FORM with you! (*On reverse side*)
- Please note, **NO CONCUSSION** injuries will be seen at these Sports Injury Clinics!

*The Sports Injury Clinics are underwritten and financed by **SWSWF**. The Southwest Sports Wellness Foundation (**SWSWF**) was established in 2010 to fill a need in the under-served areas of the San Diego community by underwriting high school sports screenings, assessments, and evaluations. These various programs provide free high school sports injury clinics, access to educating physicians, physical therapists and certified athletic trainers, and provide curriculum for students with an interest in sports medicine and field of healthcare. **SWSWF** supports the specialized sports medicine injury assessment. Independent medical service providers assist in the evaluation and treatment plan for the injured student-athletes. The goal is to return the athlete to sports safely and in a timely manner. Learn more at: [www.swswf.org](http://www.swswf.org).*

# SPORTS INJURY CLINICS

## Student-Athlete REFERRAL FORM

Student-Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Sport: \_\_\_\_\_ Injury: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

### Referring Medical Professional

Mechanism of Injury: \_\_\_\_\_

Working Dx: \_\_\_\_\_

Athletic Trainer/Coach/AD Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Driving Directions

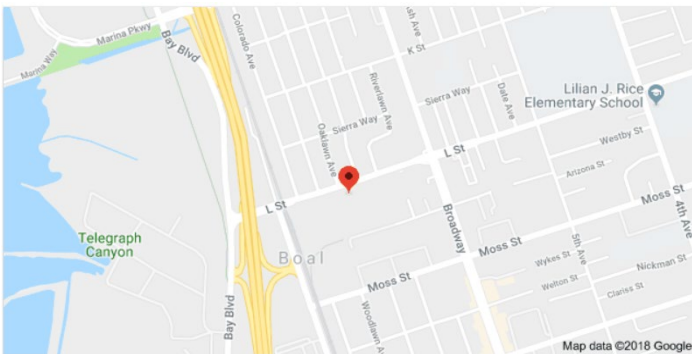
**THURSDAYS at 3:00 PM: \*\***

**SUHSD Sports Injury Clinic & Wellness Center** is located at **670 L Street, Suite G, Chula Vista, CA 91911** in the building east of the NAPA Auto Parts store. Parking lot in front of building.

The clinic is in Suite G in the **SUHSD Athletics and Compliance Building** between Industrial Blvd and Broadway on the south side of L Street.

**\*\*BY ONLINE APPOINTMENT ONLY\*\***

See your Coach, Athletic Trainer or email the Wellness center at [suhsd.wellness@sweetwaterschools.org](mailto:suhsd.wellness@sweetwaterschools.org)



670 L St Suite G  
Chula Vista, CA 91911

### COVID-19 SCREENING

**Please complete the following questions with the student-athlete (must be completed day of screening – CLINIC USE ONLY):**

**DATE of last of COVID-19 TEST:** \_\_\_\_\_

**Results:** \_\_\_ Negative \_\_\_ Positive \_\_\_ Results N/A

**Have you tested Positive for COVID-19?** \_\_\_ NO  
\_\_\_ YES **DATE of positive test:** \_\_\_\_\_

**Have you had the COVID-19 Vaccine?** \_\_\_ NO  
\_\_\_ YES **DATE(s):** \_\_\_\_\_

**Checked-in by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Temperature:** \_\_\_\_\_

**Checklist:**

- \_\_\_\_\_ Referral Form Complete
- \_\_\_\_\_ Waiver & Release Signed
- \_\_\_\_\_ COVID Consent to Treat Complete & Signed
- \_\_\_\_\_ COVID Screening Questions Complete
- \_\_\_\_\_ Cleared to participate in SUHSD Sports