

Occupational Medicine Clinic

BROOKHAVEN
NATIONAL LABORATORY

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managed by Brookhaven Science Associates
for the U.S. Department of Energy

www.bnl.gov

Dear BSA Employee interested in a BERA-sponsored league sport:

In order to assure safe and healthful play, BNL now requires that BSA employees be medically cleared by the Occupational Medicine Clinic (OMC) for participation in any BERA-sponsored league sports (such as softball, soccer, volleyball and basketball).

The clearance policy and procedure is described in the enclosed *BERA Sports Fitness Medical Clearance Policy and Procedure*. The first step in the procedure requires you to complete and sign the enclosed *BERA Sports Fitness Clearance Questionnaire* (You will need to print the questionnaire if you got the electronic version from the OMC or BERA web sites.). After completing and signing the questionnaire, mail it in a privacy envelope to OMC Wellness Manager, Michael Thorn, Bldg. 490. (OMC will safeguard the form and all medical information you provide.)

Thank you for your interest in BERA team sports and your cooperation with this policy.

Sincerely,



Christine Carter
BERA/Recreation Office Manager



Joseph Falco, MD
OMC Manager

BERA SPORTS FITNESS MEDICAL CLEARANCE POLICY AND PROCEDURE

Policy:

- All BSA employees wishing to engage in BERA league sports are required to be medically cleared by the BNL Occupational Medical Clinic (OMC), Bldg 490, before participating.
- An employee with heart disease (including a history of the following conditions: congenital heart abnormalities, cardiomyopathies, angina, heart attack, heart surgery, valvular heart problems and arrhythmias) *must* provide OMC with a clearance note from his/her personal physician.
- Unless otherwise specified by OMC and absent any significant change in an employee's health, an OMC clearance to play is good for one year and applies to all BERA league sports a BSA employee chooses to engage in.
- A BSA employee participating in a BERA league sport must report to OMC any new injury or medical condition that might interfere with his/her ability to play safely.
- A BSA employee is not allowed to participate in BERA league sports while injured, suffering from a serious medical condition, on restricted duty or receiving physical therapy or other treatments for an orthopedic problem. Resumption of play after recovery requires clearance by OMC.
- Non-BSA employees are not required to be medically cleared by OMC for BERA league sports, but they are required to give the BERA/Recreation Office (Bldg 400A) a copy of their health insurance for league sports & weight room. This includes spouse/partner, adult children, guests or contractors who participate."

Procedure for BSA employees:

- A BSA employee interested in playing BERA sponsored league sports obtains a *BERA Sport Fitness Clearance Questionnaire*, which can be found at the end of this packet. It is also available at the BERA/Recreation Office (400A), in the Gym (461), at OMC (490), and from the BERA league sport captain(s). It can also be downloaded and printed from the BERA and OMC websites.
- The employee fills in, signs and sends the questionnaire to the OMC Wellness Manager (Michael Thorn), Bldg 490 OMC. OMC assures the security of the questionnaire and keeps confidential all medical information disclosed by the employee.
- **If an employee has heart disease (including a history of the following conditions: congenital heart abnormalities, cardiomyopathies, angina, heart attack, heart surgery, valvular heart problems and arrhythmias) the employee must provide OMC with a BERA Sports clearance note from his/her personal physician. This should be sent to OMC along with the questionnaire.**
- If an employee has not had a physical exam at OMC for two or more years, (s)he should instead call OMC x3670 to set up an appointment for a brief in-person evaluation by an OMC clinician. The employee should complete the form and bring it to the appointment, except where the employee is seen in person (see above) the OMC Wellness Manager reviews the completed questionnaire and forwards it to an OMC clinician.

- The OMC clinician reviews the employee’s questionnaire and OMC medical record (and in-person evaluation where applicable) and:
 - makes a determination about the employee’s fitness to play on this basis
 - or–
 - determines that additional information about the employee’s health status is needed. The physician or NP, at his/her discretion, may require additional information, including but not limited to the following:
 - **A partial or complete physical examination or testing at OMC**
 - **Information or a fitness-to-play clearance note from employee’s personal physician**
- The OMC clinician’s determination is considered final and takes precedent over any fitness-to-play clearance by the employee’s own physician, although the OMC clinician will take into account the outside physician’s opinion or any information provided.
- The OMC clinician issues a *BNL Recreation and BERA Sports Fitness Clearance Form* (“clearance form”) which (s)he forwards to the BERA/Recreation Office (Christine Carter). No personal medical information will be released by OMC, only the fitness-to-play determination.
- The BERA/Recreation office must receive a clearance form indicating that the employee is fit to play before a player can participate in BERA league sports or activities of any kind.
- A BSA employee participating in a BERA league sport must report to OMC any new injury or medical condition that might interfere with his/her ability to play safely.
- While a player is injured, on restricted duty, under treatment for an injury or otherwise medically incapacitated, OMC issues a new, revised clearance form indicating that the employee is not fit to play and sends the form to the BERA/Recreation Office by interoffice mail.
- When the employee is recovered and feels (s)he can resume play, (s)he goes to OMC to be evaluated for this purpose. If, as a result of this evaluation, the OMC clinician determines that the employee is now fit to play, (s)he issues a new clearance form indicating this and sends it to the BERA/Recreation Office.

Policy established 3/24/11 by the Staff Services and Human Resources Occupational Medicine Divisions. Revised 4/1/11. Revised 9/1/11

BROOKHAVEN NATIONAL LABORATORY	Reviewed by	Signature	Date
BERA SPORTS FITNESS CLEARANCE QUESTIONNAIRE	Note: Section above is for OMC use only		

Name _____ Gender: _____ Date of Birth: _____ Age: _____
 Work E-Mail Address: _____ Work Phone: _____
 Life Number#: _____ Emergency Contact: _____
 Day Phone: _____ Eve. Phone: _____

What BERA sport will you be engaging in? _____

HAVE YOU EVER BEEN TOLD THAT YOU HAVE OF ANY OF THE FOLLOWING?

<p>Heart/Vascular Disease: <i>Please Specify:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No *Angina, chest discomfort or pain (at rest or exertion) <input type="checkbox"/> Yes <input type="checkbox"/> No *Coronary angioplasty or cardiac surgery <input type="checkbox"/> Yes <input type="checkbox"/> No *Heart disease, heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No * Heart murmur/ heart valve disease <input type="checkbox"/> Yes <input type="checkbox"/> No * Peripheral vascular disease/ Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No *Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? *Doctor's note required if yes to any of the above conditions. <input type="checkbox"/> Yes <input type="checkbox"/> No High blood pressure/hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No Shortness of breath at rest or with mild exertion <input type="checkbox"/> Yes <input type="checkbox"/> No Dizziness or fainting; Loss of balance <input type="checkbox"/> Yes <input type="checkbox"/> No Palpitations <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever felt dizzy or passed out during exercise?</p>	<p><i>Please Specify:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Thyroid or other endocrine problem <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia <input type="checkbox"/> Yes <input type="checkbox"/> No Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures/epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Emphysema or chronic obstructive lung disease (COPD) <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No WOMEN: are you currently pregnant? Other (please indicate) _____ _____ _____</p>
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Please check if you have any of the following conditions.
 Yes No Are you on restricted duty?
 Yes No A history of or have current Musculoskeletal/Joint problems (example: arthritis, back, shoulder, knees): _____

 Yes No Are you currently receiving Wound care/ PT/Chiropractic treatment?
 Yes No Major surgery or hospitalization within the past 6 months. Please explain:

 Yes No Medications, list those that you are taking:

 Yes No Do you have any other medical conditions, serious medical illness, or physical limitations that may affect participation in BERA Sports? *Please indicate:* _____

 Yes No Have you ever been restricted from participation in sports due to the above?

Personal Health History
 Do you currently smoke? Yes No If yes, how many years have you been smoking? _____
 Did you ever smoke? Yes No If yes, how long and when did you quit? Years _____; Quit year _____
 Exercise: Estimate amount of exercise time hours/day _____; hours/ week.

I verify that I have answered all questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my physical activity program, I will notify the Occupational Medical Clinic immediately and provide information as requested.

Signed: _____ Date: _____

After completing & signing, mail form in a privacy envelope to Michael Thorn, 490 OMC

You will have to be seen in person at OMC if you have not had an OMC Physical for > 2years