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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, Bldg. 490, ATTN: BERA Sports Clearance. (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.

Kind regards,

*Christine Carter*

Christine Carter  
QOL/BERA/Recreation Supervisor

*Joseph Falco, MD*

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, Bldg 490 ATTN: BERA Sports Clearance. 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 completed questionnaire is forwarded 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.

**BROOKHAVEN NATIONAL LABORATORY**

**BERA SPORTS FITNESS CLEARANCE  
QUESTIONNAIRE**

Empty rectangular box for stamp or signature.

Name: \_\_\_\_\_ BNL Life Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Please list **ALL** sports you will be signing up for with BERA in the next year:

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

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

**Heart/Vascular Disease:**

*Please Specify:*

- Yes  No \*Angina, chest discomfort or pain (at rest or exertion)
- Yes  No \*Coronary angioplasty or cardiac surgery
- Yes  No \*Heart disease, heart attack
- Yes  No \*Heart murmur/ heart valve disease
- Yes  No \*Peripheral vascular disease / stroke
- Yes  No \*Has your doctor ever said that you have a heart condition **and** that you should only do physical activity recommended by a doctor?

**\*Doctor's note required if yes to any of the above conditions.**

- Yes  No High blood pressure/hypertension
- Yes  No Shortness of breath at rest or with mild exertion
- Yes  No Dizziness or fainting; Loss of balance
- Yes  No Palpitations
- Yes  No Have you ever felt dizzy or passed out during exercise?

*Please Specify:*

- Yes  No Diabetes
- Yes  No Thyroid or other endocrine problem
- Yes  No Anemia
- Yes  No Hernia
- Yes  No Seizures/epilepsy
- Yes  No Asthma
- Yes  No Emphysema or chronic obstructive lung disease (COPD)
- Yes  No Cancer
- Yes  No **WOMEN:** are you currently pregnant?

Other (please indicate) \_\_\_\_\_

**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 (e.g. 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 \_\_\_\_\_

**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 envelop to OMC, Building 490, ATTN: BERA Sports Clearance*

**OMC use only**

<b>Reviewed by:</b>	<b>Signature</b>	<b>Date</b>