



University of Pittsburgh at Bradford Athletic Training Department Pre-Participation Medical Packet Forms & Information

PLEASE READ ALL INFORMATION

TABLE OF CONTENTS

Page	Information
1	Table of Contents
2	Information on Required Forms
3	Student-Athlete Health Questionnaire Form
4	Insurance Information Form
5	UPB Pre-Participation Physical Evaluation Form
6	Emergency Contact Sheet
7	UPB Sickle Cell Trait Testing Requirement Form
8	UPB Health Insurance Waiver Form
9	UPB Informed Consent Form
10	UPB Student Athlete Authorization/Consent for Disclosure of Protected Health Information
11	UPB Supplement Disclosure Form

MEDICAL FORM CHECKLIST: (PLEASE COMPLETE AND RETURN TO ADDRESS BELOW)

- Student-Athlete Health Questionnaire Form
- Insurance Information Form
- Copy of front and back of insurance card
- Pre-Participation Physical Evaluation Form (completed by Physician/P.A.)
- Emergency Contact Sheet
- Sickle Cell Trait Testing (Provide copy of test)
- Health Insurance Waiver Form
- Informed Consent Form
- Student-Athlete Authorization/Consent for Disclosure of Protected Health Information
- Supplement Disclosure Form

Health Questionnaire and Pre-Participation Physical Examination Form

All UPB student-athletes must complete all forms in the packet to participate in athletics. All student-athletes must have a physical every year. All new student-athletes, freshman, transfers... must have a current physical. This physical must be completed within 6 months of the start date of your participation, and must be completed by a physician, physician assistant, or certified advanced registered nurse practitioner.

If the packet is not complete and/or not turned in, the student-athlete will not participate in any team activities!!!

Medical Insurance Form

UPB Athletics requires all intercollegiate student-athletes to have their own primary insurance policy. This policy must cover intercollegiate athletic injuries. Understand that should an injury occur, the athlete will be required to report it to the UPB Athletic Training Staff. **SEE ATTACHED POLICY FOR MORE INFORMATION.**

Sickle Cell Trait Policy

New NCAA legislation beginning June 25, 2009, recommends that all colleges and universities confirm the Sickle Cell Trait status of all student-athletes. The NCAA's testing recommendation follows the latest guidelines from the National Athletic Trainers Association and the College of American Pathologists. Both NATA and CAP recommend screening for the Sickle Cell Trait if a student-athlete's status is not known. **SEE ATTACHED POLICY FOR MORE INFORMATION.**

***All information in this packet must
be completed and returned together
prior to your participation
in athletics at UPB***

Please return to:

Angela R. Honeck, Head Athletic Trainer
University of Pittsburgh at Bradford
300 Campus Drive
Bradford, PA 16701-2898



University of Pittsburgh at Bradford
Student-Athlete Health History Questionnaire Form

The information contained in this medical history form will only be used by the Athletic Training Dept. of the University of Pittsburgh at Bradford for purposes of determining if you pose a health threat/risk to yourself on the athletic field. This information will be discussed with you in detail later in your orthopedic screening. This information will remain CONFIDENTIAL at all times.

Part 1. Student Information (to be completed by student or parent)

Student's Name: Sex: Age: Date of Birth:
Grade in School: Sport(s):
Home Address: Phone:
Personal Physician: Office Phone:
In case of emergency, contact: Name:
Relationship to Student-Athlete: Home Phone: Cell Phone:

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

- 1. Have you had a medical illness or injury since your last check up or sports physical?
2. Do you have an ongoing chronic illness?
3. Have you been hospitalized overnight?
4. Have you ever had surgery?
5. Are you currently taking any prescription or non-prescription (OTC) medications or pills or using an inhaler?
6. Have you ever taken any supplements of vitamins to help you gain or lose weight or improve your performance?
7. Do you have any allergies (pollen, food, insect bites, etc)
8. Have you ever had a rash or hives develop during or after exercise?
9. Have you ever passed out during or after exercise?
10. Have you ever been dizzy during or after exercise?
11. Have you ever had chest pain during or after exercise?
12. Do you get tired more quickly than your friends do during exercise?
13. Have you ever had racing of your heart or skipped heartbeats?
14. Have you had high blood pressure or high cholesterol?
15. Have you ever been told you have a heart murmur?
16. Has any family member or relative died of heart problems or sudden death before age 50?
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
18. Has a physician ever denied or restricted your participation in sports for any heart problems?
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?
20. Have you ever had a head injury or concussion?
21. Have you ever been knocked out, become unconscious or lost your memory?
22. Have you ever had a seizure?
23. Do you have frequent or severe headaches?
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?
25. Have you ever had a stinger, burner, or pinched nerve?
26. Have you ever become ill from exercising in the heat?
27. Do you cough, wheeze or have trouble breathing during or after activity?
28. Do you have asthma?
29. Do you have seasonal allergies that require treatment?
30. Do you use any special protective or corrective equipment for your sport (knee brace, orthotics, etc.)
31. Have you had any problems with your eyes or vision?
32. Do you wear glasses, contacts or protective eyewear?
33. Have you ever had a sprain, strain or swelling after injury?
34. Have you broken any bones or dislocated any joints?
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?
36. Do you want to weigh more or less than you do now?
37. Do you feel stressed out?
38. When was your last tetanus shot?
39. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?
40. When was your first menstrual period?
41. When was your most recent menstrual period?
42. How much time do you usually have from the start of one period to the start of another?
43. How many periods have you had in the last year?
44. What was the longest time between periods in the last year?

Explain "yes" answers here:



University of Pittsburgh at Bradford
Insurance Information Form

Part 3. Insurance Information

Please attach a photocopy of the front and back of your insurance card

Student's Name: _____

Insurance Company: _____

Insurance Phone #:(_____)_____

Insurance Address: _____

Policy Holder Name: _____

Group #: _____ ID #: _____

Effective Date of Policy: _____ Expiration Date: _____

Type of Plan { } Health Maintenance Organization (HMO) { } Standard Medical & Hospitalization
{ } Preferred Provider Organization (PPO) { } Other (describe) _____

Primary Care Physician: _____
Address: _____

PCP Phone #: (_____) _____

Policy Limit: _____ Policy Deductible: _____ Policy Co-Pay: _____

***Does the policy cover athletically-related injuries? Yes _____ No _____

If you have medical coverage, and your child is NOT COVERED or is PARTIALLY COVERED due to policy limitations, please explain:

I/we agree that all information above is accurate and complete to the best of my/our knowledge. I/we understand that any incorrect or undisclosed information can result in duplicate payments creating substantial overpayment. The responsibility of the overpayment will be of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

Parent/Guardian: _____ Date: _____

I hereby affirm that all statements are true and correct to the best of my knowledge; and that no answers or information has been withheld pertaining to my past and present physical, mental, and injury status. If any information is false or omitted in reference to my medical and orthopedic history, I fully understand that the University of Pittsburgh at Bradford is not responsible for any unknown injury or illness.

Student-Athlete Signature: _____ Date: _____

Student-Athlete Print Name: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)

Parent/Guardian Print Name _____

Please describe below any further injury/illness information which is knowledgeable to you and not required on this form:



**University of Pittsburgh at Bradford
Preparticipation Physical Evaluation Form**

Part 4. Physical Examination (to be completed by licensed physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ Pulse: _____ Blood Pressure: ____/____
 Vision: Right 20/____ Left 20/____ Corrected: Yes ____ No ____ Pupils: Equal ____ Unequal ____

MEDICAL	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Murmurs			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Immunizations: If possible, please attach copy of immunization record.

Dates for the Following: Tetanus _____ Polio _____ MMR 1st shot _____ 2nd shot _____
 Influenza (recommended) _____ Meningitis (recommended) _____ Sickle Cell _____

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER:

____ Cleared without restriction
 ____ Cleared, with recommendations for further evaluation or treatment for: _____

 ____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



**University of Pittsburgh at Bradford
Department of Athletic Training
Emergency Contact Information Sheet**

Name: _____ Sport: _____

Date of Birth: ____/____/____ Social Security #: _____

Home Address: _____
(Street)

(City) (State) (Zip)

Home Phone #: () _____

Cell #: () _____

Emergency Contact #1:

Name: _____

Home Phone #: _____

Cell Phone #: _____

Relationship to Athlete: _____

Emergency Contact #2:

Name: _____

Home Phone #: _____

Cell Phone #: _____

Relationship to Athlete: _____

*Known Allergies: _____

*Current Medications Being Taken: _____

*Medical Alerts: _____

Insurance Information:

Insurance Company: _____

Policy/Group #: _____ ID#: _____

Again, please attach a photocopy of the front and back of your insurance card



**University of Pittsburgh at Bradford
Athletic Training Department
Sickle Cell Testing Requirement**

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Sickle Cell Trait Testing-

- New NCAA legislation beginning June 25, 2009, recommends that all colleges and universities confirm the **Sickle Cell Trait** status of all student-athletes. The NCAA’s testing recommendation follows the latest guidelines from the National Athletic Trainers Association and the College of American Pathologists. Both NATA and CAP recommend screening for the Sickle Cell Trait if a student-athlete’s status is not known.
- The student-athlete is responsible for obtaining results from a previous test or have sickle cell testing performed with their physician as part of the Pre-Participation Physical Exam that is required. **Student-athletes at the University of Pittsburgh at Bradford will NOT be allowed to participate until the athletic training staff has a copy of the test results on file.**
- The testing is only done once and does require a blood draw which is done by professionals. Many athletes have been tested at birth and may not even know it. Typically, you are not usually informed unless you test positive. You can contact your pediatrician or family physician for the records. The test is commonly referred to as a hemoglobin test and will be seen under the new infant screen.
- If you have never had a lab screening for sickle cell trait, or are unable to obtain prior results, then you should schedule one immediately. Typically, the blood test can take 48-72 hours to be finalized and documented results provided.
- If you wait until you arrive at the University of Pittsburgh at Bradford to have the test completed, there could be a delay in your clearance for participation.
- **Testing positive will not preclude anyone from participating in sports at the University of Pittsburgh at Bradford but it helps to better treat the athlete.** We will take the necessary precautions that may include but not be limited to the following:
 1. Avoiding dehydration
 2. Proper acclimatization to heat and humidity
 3. Cessation of activity at onset of symptoms
 4. Education

For more information on Sickle Cell Trait and Athletics please visit:

www.nata.org/statements/consensus/sicklecell.pdf

www.ncaa.org/health-safety

http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforSA.pdf



**University of Pittsburgh at Bradford
Department of Athletic Training
Health Insurance Information**

I, _____, hereby state:

1. I have and will **maintain** health insurance during the traditional sport season.
2. I understand that the University's policy is secondary to my primary health insurance and will only pay what my primary health insurance doesn't cover.
3. I am aware that I am not covered by the University's secondary policy during the non-traditional season.
4. I must follow proper procedure with the Athletic Training Staff for injuries and referrals unless in an emergency situation, or the University's policy will not pay any bills.
5. I understand that bills for unreported injuries and unauthorized treatments will not be paid by the University's policy.
6. If I am injured, I will send the bills to the University (after my primary health insurance has paid) within one month after the primary health insurance has paid.
7. I understand that the University's policy will not pay late fees.
8. I understand that the University's policy will pay bills within one year of injury date. Any bills over one year of the injury date will not be paid by the University.
9. I understand that the University's policy will not be responsible for medical bills and claims that my primary health insurance has rejected due to improper procedures.

I have read the above information regarding health insurance and agree to the statements.

Signature of Student-Athlete

Date



**University of Pittsburgh at Bradford
Department of Athletic Training
Informed Consent Form**

Student Athlete _____

Date _____

Sport(s) _____

I hereby acknowledge that I am participating in intercollegiate activities at the University of Pittsburgh at Bradford with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. I am aware that it is not possible to delineate specifically each and every individual injury risk. However, knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility, I hereby expressly assume all of the risks which could occur as a result of my participation.

I agree that in exchange for and in consideration of the University permitting me to participate in this sport(s) and all activities related to it including, but not limited to travel, I hereby assume all the risks associated with the sport and agree to release and hold harmless the University of Pittsburgh at Bradford, its officers, agents, coaches and employees from any and all liability, actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the sport.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in athletics, even after proper treatment or rehabilitation. I am aware of these risks, and fully acknowledge that any further damage to my pre-existing condition(s) is my financial responsibility.

Pre-Existing Conditions (Please list all):

Signature of Student-Athlete

Date



**University of Pittsburgh at Bradford
Department of Athletic Training
Student Athlete Authorization/Consent for Disclosure of Protected Health Information
to the University of Pittsburgh and the National Collegiate Athletic Association**

I, _____, hereby authorize the University of Pittsburgh at Bradford and its physicians, athletic trainers, athletic department personnel (i.e., coaches), and health care personnel to obtain and/or disclose protected health information and any related information regarding any injury or illness during my training for, and participation in, intercollegiate athletics to the University of Pittsburgh and the National Collegiate Athletic Association (NCAA) and their employees or agents.

I understand that my protected health information will be used by the University for the purpose of emergency services, insurance claims, and NCAA eligibility restrictions.

I also understand that my protected health information will be used only by the NCAA's Injury Surveillance System (ISS) for the purpose of conducting research on injuries resulting from training for or participation in athletics. The ISS is a longitudinal research database that provides the NCAA, NCAA sports rules committees, athletic conferences, researchers and individual schools with summary (aggregate) injury and participation information that does not identify individual athletes or schools. The summary data provide the Association and other groups with information resource upon which base health and safety rules and policy and to examine the effectiveness of such efforts

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary, and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

I also understand that while HIPAA regulations do not apply to the NCAA's use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that the protected health information will be encoded before being transmitted from my institution to the NCAA and that neither the NCAA nor the ISS will identify me personally in a publication or disclosure of research results. Data will be stored on a secure server at the NCAA national office in Indianapolis, Indiana.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to evoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Printed Name of Student-Athlete

Signature

Date



University of Pittsburgh at Bradford
Department of Athletic Training
Student-Athlete Drug/Nutritional Supplement Disclosure Statement

I, _____, acknowledge and understand that many compounds obtained from nutritional stores are not subject to the strict regulations of the United States Food and Drug Administration, and therefore the contents of such substances may not be represented accurately and may contain impurities or banned substances, which may cause me to test positive. I understand that labeling on these products may be misleading and/or inaccurate, and that sales personnel are paid only to sell the product, and cannot accurately certify that these products contain no substances banned by the NCAA. Terms such as "healthy" or "naturally occurring" do not necessarily mean they are safe to take or use, or that the NCAA endorses a product or approves its usage. I also understand that some substances may interact negatively with prescribed medications.

I acknowledge that BEFORE taking or using any drug or supplement, I have sole responsibility for taking appropriate steps to ensure that it does not contain any substance banned by the NCAA. I also acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for an NCAA banned substance, REGARDLESS of the source of the substance or reason for its presence.

The following list is a full disclosure of all drugs and/or supplements I have taken in the last 60 days, am currently taking, or intend to take in the coming months. By making this disclosure, I am requesting that these products and their ingredients be reviewed by the University of Pittsburgh at Bradford Athletic Training staff for the purposes of determining whether they are medically safe to use and do not contain substances banned by the NCAA. I understand that I should not take or use these products unless their use has been approved by the Head Athletic Trainer.

Table with 2 columns: Brand Name, Listed Ingredients. Rows 1, 2, 3.

Student-Athlete Signature _____ Date _____

Sport(s) _____

Do Not Write In This Box
Reviewed by Staff Athletic Trainer: _____ Date ____/____/____
Substance(s) Listed are: Banned _____ Acceptable _____ Do Not Take _____

OR

I, _____, am NOT taking and DO NOT intend to take any nutritional supplements. I understand that failure to declare nutritional supplement usage may result in a loss of eligibility if the supplements taken contain any substances banned by the NCAA. Should I begin taking supplements after this form has been completed it is my responsibility to report any change in supplement usage to the certified athletic training staff.

Student-Athlete Signature _____ Date _____

Sport(s) _____