

Prospect's Medical Health Information



Name:		Sport:	
Date of Birth:		Health Insurance:	
High School or Community College:			
Home Address:			
City:		State:	Zip Code:
Height:		Weight:	
1. Please list any medications currently/regularly taking:			
2. Please list any medications taken in the past?			
3. Please list any allergies (including allergies to medications):			
4. Have you ever been seen for, tested for, or treated for any of the following: (if yes explain)			
YES/NO	Heart (i.e. heart murmur, chest pains, high blood pressure, etc.)		
YES/NO	Blood (i.e. Iron deficiency, Sickle Cell Anemia, Diabetes etc.)		
YES/NO	Lungs: (i.e. Asthma, Pneumonia, loss of consciousness etc.)		
YES/NO	Hernia (i.e. inguinal hernia, sports hernia etc.)		
YES/NO	Kidneys and/or Spleen (i.e. kidney stones, enlarged spleen, etc.)		
YES/NO	Stomach and/or Intestines (i.e. ulcers, acid reflux, etc.)		
YES/NO	Psychiatric Disorders (i.e. depression, anxiety, bipolar disorder etc.)		
YES/NO	Organ Transplant		
YES/NO	Cancer or Tumors		
YES/NO	Skin Conditions and/or Infections (i.e. Staph infection, rashes, ringworm, etc.)		

5. If you have sustained injury to any of the following please explain:

- Face/Mouth (i.e. disease/abnormality of eyes, dental surgery, broken tooth etc.)

- Head and/or Neck (i.e. fracture, migraines, headaches etc.)

- Have you had a Concussion? YES NO How many: _____

- Did you lose consciousness? YES NO Did you see a doctor? YES NO

- Shoulder (i.e. dislocation, stinger/burner, sprain/strain, popping sounds)

- Elbow/Forearm (i.e. fracture, sprain/strain, dislocation etc.)

- Wrist, Hand, and/or Finger (i.e. fracture, sprain/strain, dislocation etc.)

- Back (i.e. disk injury, fracture, nerve injury, etc.)

- Hips (i.e. groin strains, dislocations, cartilage damage etc.)

- Knee (i.e. dislocations, fractures, surgeries, ACL injury etc.)

- Ankle/Lower Leg (i.e. sprain, strain, fracture, dislocation etc.)

- Foot/Toes (i.e. fracture, sprain, dislocation etc.)

- Muscle Injury

- Heat Related Illness (i.e. heat cramps, heat exhaustion, heat stroke)

6. Have you had any surgeries to any of the following please circle and explain:

Head/Neck	Shoulder	Elbow/Forearm/Upper Arm	Wrist/Hand/Fingers
Back/Disks	Hips	Knee/Ankle/Lower Leg	Foot/Toes

Explain below:

7. If you have been diagnosed, treated for, or tested for any other injuries or health conditions not mentioned please explain:

I certify that the answers to the above questions are correct and true.

Prospect's Signature: _____ Date: _____

Parent Signature (if minor): _____ Date: _____

I have reviewed the prospect's health information with him/her and the coaching staff, and find that the answers as indicated adequately reflect the health of this individual.

ATC Signature: _____ Date _____

Coach's Signature: _____ Date: _____

Comments:

BP:	HT:	WT:	Lung Sounds:
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MEDICAL COVERAGE AND INSURANCE

ATTENTION PARENTS AND INTERCOLLEGIATE ATHLETES:

The following information is provided so that there will be complete understanding of the policies regarding medical coverage and insurance for student-athletes. It is important that you maintain adequate medical coverage for you son or daughter while they are an intercollegiate athlete.

STUDENT HEALTH CENTER:

The majority of the student-athlete's needs may be met at the Student Health Center located on campus. The student-athlete has access to many consultants at the Student Health Center, such as medical services to treat illnesses, gynecology, pregnancy counseling, immunizations, health education, X-ray services, optometry, referrals to other health care agencies and psychological services.

PRIMARY MEDICAL INSURANCE:

This is coverage provided for the athlete by a parent, employer or spouse's employer. Medical insurance is typically classified as Health Maintenance Organization (HMO) or as Primary Physician Organization (PPO). While HMO's are affordable and convenient, they severely limit the medical services a competing athlete may require. A delay of days or weeks in making referrals with the HMO can mean the difference in an athlete being able to complete a sports season or being prepared for the upcoming season. We strongly recommend, if there is an option, that the student-athlete is insured with a plan that allows him/her to see a physician of choice as needed. If the insured student-athlete is covered by an HMO, we recommend that the primary care physician or primary care facility is located as close to campus as possible. Secondary insurance will not cover any co-pays incurred by the HMO.

INTERCOLLEGIATE ATHLETIC INSURANCE:

The Athletic Department has contracts with an independent insurance agency to provide medical coverage for student-athletes. The coverage is responsible for excess or secondary charges. Insurance provided by the student-athletes' parents, spouse or employer will be used as the primary coverage. In a situation in which an athlete has no medical insurance through a parent, spouse or employer, the insurance provided through the Athletic Department will become primary. The policy provided by the Athletic Department has a few specific limitations:

Will cover traumatic injuries that result from participation in practice or competition or while traveling as an official team member.

Will not cover injuries or illness not related to practice or competition.

Will not cover pre-existing injuries or overuse/chronic injuries that developed prior to becoming an official team member.

Will not cover injuries to teeth that are not sound or natural.

STUDENT MEDICAL INSURANCE:

The insurance provided by the Athletic Department will not cover any illness or incident not related to athletic participation. Student Medical Insurance can be purchased through the Associated Students Office. This insurance is a supplement to the service provided through the Student Health Center and can be purchased by the semester or for an entire school year. This insurance plan is recommended for the college student who is without any type of medical insurance.