



Willamette University

Athletics Department
www.willamette.edu/athletics

Dear Student-Athletes and Parents/Guardians,

I would like to welcome you to Willamette University and anticipate your participation in varsity athletics. The Sports Medicine Department is charged with helping provide a safe and healthy athletic experience at Willamette University. All new student-athletes are required to have a pre-participation physical examination prior to their first year at the university as well as complete a medical history, and provide proof of primary health insurance, annually. The appropriate forms can be downloaded from the sports medicine section of the Athletics Department website (www.willamette.edu/athletics). Please note that there are two packets available, one for first year and/or transfer student-athletes and one for returning students. Only download and complete the appropriate packet. If you are not sure which packet applies to you, please don't hesitate to call or email.

In these packets you will find a checklist of the necessary information for your participation in varsity athletics. **Completed packets must be submitted to Willamette University Sports Medicine by August 1, 2011. Delayed completion of these requirements will delay your ability to participate in any team activities.** Keep in mind that the forms required for participation in varsity athletics are not a substitute or related to the medical and health history forms required by the university Bishop Wellness Center.

Willamette University automatically provides a **secondary** insurance policy to all varsity athletes. This secondary policy covers any athletic related injury that you may suffer while participating in varsity athletics in your sport during the athletics season (excluding club and intramural sports) at Willamette. Being that it is only secondary insurance, it covers only what your primary insurance does not as long as the billed charges do not exceed "usual and customary." Please read and sign the Statement of Insurance Coverage form that can be found in the pre-participation packet. The college requires all students to have primary insurance coverage. It is necessary to provide the Sports Medicine Department with a copy, front and back, of your primary insurance card. **For a further explanation of the secondary coverage please see the Willamette University Sports Medicine website for all policies and procedures regarding the claims process.**

Please download and read through the entire pre-participation packet. Use the checklist on the second page of this packet to ensure that you have completed all of the necessary forms and documentation. Send in your pre-participation forms once the entire packet is complete. **Please do not send incomplete packets.** It is recommended that you and your parent/guardian keep a copy of your completed packet once it's ready to be submitted.

I look forward to a very successful and safe 2011-2012 school year. If you have any questions please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or swibel@willamette.edu.

Sincerely,

Shane Wibel, MPH, ATC
Head Athletic Trainer

**Willamette University Sports Medicine
Pre-Participation Physical Examination Packet for
First-Year and Transfer Varsity Athletes**

Checklist

- **Physical Examination**
 - You must take the Willamette University Athletics Physical Exam form with the complete medical history form for your physician to review, to your exam. Your physician must fill out the Willamette University Athletics Physical Exam Form. **NO SUBSTITUTE FORMS WILL BE ACCEPTED.**
 - The physical must be completed **after** April 1, 2011. **NO EXCEPTIONS.**
- **Medical History**
 - PLEASE WRITE LEGIBLY
 - Provide a complete explanation of any “Yes” answer including dates of injury, illness, and/or surgery.
 - **Further medical documentation and a release for participation from the attending physician is required** if you have:
 - A heart murmur or other cardiac abnormality @ anytime in the athlete’s medical history.
 - Absence of paired organ.
 - Been diagnosed with any disease or disorder
 - Major illness within the last **24 months**
 - Physical injuries requiring ongoing medical attention or rehabilitation in the last **24 months**.
 - Any surgery in the past **24 months**.
 - Please have your physician use the attached Return to Athletic Release form for any clearances needed.
- **Complete the Online ImPact Concussion Baseline Test if you are involved with: Football, Men’s/Women’s Soccer, Men’s/Women’s Basketball, Baseball, Softball, Pole Vault**
- **Personal, Insurance, & Emergency Contact Information***
 - Give necessary addresses and phone numbers. These numbers will only be used for emergency contacts.
 - To ensure timely medical care, it’s very important that **ALL** information is complete.
- **Copy of Insurance Card***
 - Attach a legible photocopy of both the **FRONT AND BACK** of the card to the provided page.
- **Signed Statement of Insurance ***Highly recommend that primary policy holders review this page*****
- **Initialed and Signed Medical Examination and Authorization Waiver**
- **Signed Authorization for Release of Health Information**
- **When the packet is COMPLETE, mail to:**

Willamette University Sports Medicine
Willamette University Athletics Department
900 State Street
Salem, OR 97301
- **Completed medical forms are due by August 1, 2011 no matter what sport you will be participating in.**
- **Please keep a copy of the completed forms for your records.**

It is important that these forms are completed and returned to the Athletic Training Room prior to the student-athlete’s arrival on campus. If the athlete has not completed the necessary medical screening or if any paperwork is incomplete, **THE STUDENT-ATHLETE WILL NOT BE ABLE TO BEGIN PRACTICE. THERE WILL BE NO EXCEPTIONS.** Getting us the completed packet by August 1st allows us to review them for any missing information.

If you have questions regarding the Pre-Participation Physical Exam Packet please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or swibel@willamette.edu.

***Submitting your primary insurance information is for Sports Medicine Department use only. It is not a substitute for the Willamette University Student Health Insurance Waiver. Proper completion of this waiver, if you choose to waive the Student Health Insurance Plan, can be done by going to the Bishop Wellness Center Website www.willamette.edu/dept/health and following the Student Brochure & Online Waiver link.**

Name: _____

Sport: _____

Academic Year 2011-12

Willamette University Sports Medicine
Preparticipation Physical Evaluation
(To be completed by MD, DO, NP, or a PA)

Student-Athlete Name: _____ Date of Birth: _____ Sport: _____

Height _____
Weight _____
BP _____ / _____
Pulse _____
Urine _____
Glucose _____
Albumen _____
Micro _____

Vision: Right 20/____ Left 20/____
Corrected Vision: Right 20/____ Left 20/____
Hearing: Right _____/15 Left _____/15

Optional Diagnostic Tests:
Serum Iron _____ Blood Hg _____
Serum Ferritin _____ Blood HcT _____

FINDINGS **NORMAL** **PREVIOUS INJURY OR ILLNESS / ABNORMAL FINDINGS**

MEDICAL

- 1. Appearance _____
- 2. Face/Skin/Scalp _____
- 3. Eyes/Ears/Nose/Throat/Mouth _____
- 4. Neurological _____
- 5. Lymphatics _____
- 6. Heart _____
- 7. Pulses _____
- 8. Thorax and Breasts _____
- 9. Rectal _____
- 10. Lungs _____
- 11. Abdomen _____
- 12. Genitalia (males only) _____
- 13. Pelvic/Pap Test (Optional) _____
- 14. Hernia _____

MUSCULOSKELETAL

- 15. Neck/Back/Spine _____
- 16. Shoulder/Arm _____
- 17. Elbow/Forearm _____
- 18. Wrist/Hand _____
- 19. Hip/Thigh _____
- 20. Knee _____
- 21. Leg/Ankle _____
- 22. Foot _____

ASSESSMENT

I have reviewed the above athlete's Willamette University Health History Form during this physical exam and find said athlete's ability to participate in intercollegiate athletics (please check one):

_____ Unlimited Clearance _____ Limited Clearance (explain below) _____ Not clear (explain below)

Health Summary (include current treatment/medications) and recommendations: _____

Name of Practitioner (print or type): _____

Signature of Practitioner: _____ Date: _____

Clinic Stamp:

Willamette University Sports Medicine Health History Information

I. Cardiovascular Risk Factors:

- Have you ever had chest pain and/or shortness of breath during or after exercise / practice? YES NO
- Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice? YES NO
- Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice? YES NO
- Have you ever been told that you have a heart murmur? YES NO
- Has any family member or relative died of heart problems and/or of sudden death before age 50? YES NO
- Has a physician ever denied or restricted your participation in sports due to any heart /cardiovascular problems? YES NO
- Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart? YES NO
- Have you ever been told that you have / had high blood pressure? YES NO
- Have you even been told that you have / had high blood cholesterol? YES NO
- If you answered "Yes" to any of the above, please describe and include dates where necessary _____
-
-

II. Allergies:

- Are you allergic to and/or ever had an unfavorable / allergic reaction to any medications? YES NO
- Are you allergic to and/or ever had an unfavorable / allergic reaction to any food items? YES NO
- Are you allergic to and/or ever had an unfavorable / allergic reaction to bee stings, insect bites, etc.? YES NO
- If you have allergies, during a reaction do you carry or have you ever needed an EpiPen? YES NO
- Have you ever been diagnosed with seasonal allergies? YES NO
- Are you presently taking/have you previously taken any allergy medications? YES NO
- If you answered "Yes" to any of the above, please describe and include dates where necessary _____
-
-

III. Asthma:

- Have you ever been diagnosed with asthma and/or exercised induced asthma? YES NO
- Are you presently taking / have you previously taken any asthma medications / use an inhaler? YES NO
- How many times do you use your rescue inhaler (e.g. Albuterol, Proventil, etc.) during an average week? _____
- How many acute asthma attacks have you had in the past 12 months? _____
- Have you ever been hospitalized as a result of asthma and/or exercise induced asthma? YES NO
- Have you ever been advised not to participate in athletic related activities due to asthma or any related condition? YES NO
- If you answered "Yes" to any of the above, please describe and include dates where necessary _____
-
-

IV. Females Athletes Only:

- YES NO Have you had menstrual periods within the past 12 months?
- ◆ If yes, how many? _____ When was your most recent menstrual period? _____
 - ◆ How much time do you usually have from the start of one period to the start of another? _____
 - ◆ What was the longest time between menstrual periods within the past year? _____
- YES NO Do you take birth control pills? If yes, what brand? _____

V. Diabetic History:

Have You Ever Been Diagnosed With: Type I Diabetes: YES NO Type II Diabetes: YES NO

Are You Presently Taking or Have You Taken Any Diabetic Medications?

Medication**Form****Dosage****Frequency**

Do You Daily Monitor Your Blood Sugar Level? YES NO

◆ How Many Times per Day? _____ What Is Your Average Level? _____

Have You Had Any Hypoglycemic Episodes (low blood sugar) Within the Last Twelve (12) Months? YES NO

Have You Ever Been Advised Not To Participate In Athletic Activities Due To Diabetes? YES NO

Please List Any Precautions That You Take and/or Additional Information Not Mentioned Above:

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

IV. Sickle Cell Trait/Anemia:

Based on information from the NCAA and the National Athletic Trainers Association, Willamette University advises student athletes to ensure that they provide accurate information concerning Sickle Cell Trait/Anemia, which is typically screened in infants. If you do not know whether you have Sickle Cell Trait/Anemia and your existing physician does not have records indicating whether you do or do not have Sickle Cell Trait/Anemia, Willamette University along with the NCAA, highly recommend that you get screened.

Respond either to the question or indicate below that you are knowingly not providing information concerning Sickle Cell Trait/Anemia.

Do you have Sickle Cell Trait/Anemia?

YES

NO

-OR-

I do not know my Sickle Cell Trait/Anemia status and I knowingly choose not to be screened for it. I have reviewed the National Athletic Trainer Association Consensus Statement: Sickle Cell Trait/Anemia and the Athlete (<http://www.nata.org/statements/consensus/sicklecell.pdf>), and I understand that my choice not to get screened precludes Willamette University from implementing certain practices that may reduce the likelihood of acute rhabdomyolysis tied to Sickle Cell Trait/Anemia. I acknowledge and understand if I have Sickle Cell Trait/Anemia and do not inform Willamette University, not informing Willamette University may increase my risk of suffering acute rhabdomyolysis and may increase my risk of death from acute rhabdomyolysis.

VII. Cervical Spine / Neck:

- Have You Ever Suffered An Injury To Your Cervical Spine and/or Neck? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Cervical Spine/Neck Injury? YES NO
- Have You Ever Had "Burners", "Stingers", or Brachial Plexus Injuries? YES NO
- ◆ How Many? _____ Date(s)/Time Missed? _____
- Have You Ever Experienced Numbness and/or Tingling in Your Arms/Fingers? YES NO
- Have You Ever Had Surgery of Any Kind on Your Cervical Spine/Neck? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Cervical Spine / Neck Injury? YES NO
- Do You Presently Wear A Neck Roll / Collar, "Cowboy Collar" or Helmet Restrictor Plate? YES NO
- Have You Ever Worn or Been Advised To Wear a Neck Roll, Neck Collar, "Cowboy Collar", and/or Helmet Restrictor Plate? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

VIII. Shoulder / Upper Arm:

- Have You Ever Suffered An Injury To Your Shoulder/Upper Arm? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Shoulder/Upper Arm Injury? YES NO
- Have You Ever Had Surgery of Any Kind on Your Shoulder / Upper Arm? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Shoulder/Upper Arm Injury? YES NO
- If you answered "Yes" to any of the above, please describe and include dates where necessary _____
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IX. Elbow / Forearm:

- Have You Ever Suffered An Injury To Your Elbow / Forearm? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For An Elbow / Forearm Injury? YES NO
- Have You Ever Had Surgery of Any Kind on Your Elbow / Forearm? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Elbow / Forearm Injury? YES NO
- If you answered "Yes" to any of the above, please describe and include dates where necessary _____
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-

X. Wrist, Hand, & Fingers:

- Have You Ever Suffered An Injury To Your Wrist(s), Hand(s), and/or Finger(s)? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Wrist, Hand, and/or Finger Injury? YES NO
- Have You Ever Had Surgery of Any Kind on Your Wrist, Hand, and/or Finger(s)? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Wrist, Hand, and/or Finger Injury? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XI. Spine / Low Back / Sacroiliac Joint:

- Have You Ever Suffered An Injury To Your Spine / Low Back / Sacroiliac Joint? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Spine / Low Back / Sacroiliac Joint Injury? YES NO
- Have You Ever Had Surgery of Any Kind on Your Spine / Low Back / Sacroiliac Joint? YES NO
- Have You Ever Had Numbness/Tingling Down One (1) or Both Legs? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Spine, Low Back, or SI Joint Injury? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XII. Hip / Groin:

- Have You Ever Suffered An Injury To Your Hip / Groin (*including hernias and/or sports hernias*)? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Had Surgery For A Hip / Groin Injury? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Hip and/or Groin Injury? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XIII. Thigh / Hamstring / Quadriceps:

- Have You Ever Suffered An Injury To Your Thigh, Hamstring, and/or Quadriceps? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Thigh, Hamstring, and/or Quadriceps Injury? YES NO
- Have You Ever Had Surgery For A Thigh, Hamstring, and/or Quadriceps Injury? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Thigh, Hamstring, or Quadriceps Injury? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XIV. Knee / Patella:

- Have You Ever Suffered An Injury To Your Knee and/or Patella (kneecap)? YES NO
- Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
- Have You Ever Been Hospitalized For A Knee and/or Patella Injury? YES NO
- Have You Ever Had Surgery For A Knee and/or Patella Injury? YES NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Knee / Patella Injury? YES NO
- Have You Ever/Do You Presently Wear A Knee Brace? YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XV. Ankle / Lower Leg:

Have You Ever Suffered An Injury To Your Ankle / Lower Leg? YES NO
 Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
 Have You Ever Been Hospitalized For An Ankle / Lower Leg Injury? YES NO
 Have You Ever Had Surgery For An Ankle / Lower Leg Injury? YES NO
 Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Ankle / Lower Leg Injury? YES NO
 Do You Presently Tape Your Ankle(s) Use Ankle Brace(s) Other
 If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XVI. Foot / Toes:

Have You Ever Suffered An Injury To Your Foot / Toe(s)? YES NO
 Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
 Have You Ever Had Surgery For A Foot / Toe Injury? YES NO
 Have You Ever Been Advised Not To Participate In Athletic Activities Due To a Foot and/or Toe Injury? YES NO
 If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XVII. Ribs / Thorax / Chest:

Have You Ever Suffered An Injury To Your Rib / Thorax / Chest? YES NO
 Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
 Have You Ever Had Surgery For A Rib / Thorax / Chest Injury? YES NO
 Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Ribs, Thorax, and/or Chest Injury? YES NO
 If you answered "Yes" to any of the above, please describe and include dates where necessary _____

XVIII. Abdomen:

Have You Ever Been Diagnosed With A Problem With Your Stomach, Abdomen, Intestines, or Rectum? YES NO
 Have You Ever Suffered An Injury To Your Abdomen? YES NO
 Were Any Diagnostic Tests Performed? (check all that apply) X-Rays MRI CT-Scan Bone Scan
 Have You Ever Had Surgery For An Abdomen Injury? YES NO
 Do You Routinely Suffer From Severe Or Recurrent Abdominal Pain? YES NO
 Do you Routinely Suffer From Chronic or Recurrent Diarrhea? YES NO
 Do You Have Only One Of Two Paired, Functioning Organs (e.g. kidney, testicles, ovary, etc.)? YES NO
 Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Abdomen Injury? YES NO
 If you answered "Yes" to any of the above, please describe and include dates where necessary _____

Name: _____

Sport: _____

Academic Year 2011-12

XIX. Head Injuries / Concussion:

Have you ever suffered a head injury / concussion (no matter how minor)?

YES NO

Have you ever been evaluated by a doctor for a head injury / concussion?

YES NO

How many times have you been diagnosed with a concussion (no matter how minor)? _____

Please list the dates for each concussion you have sustained:

1. _____

3. _____

2. _____

4. _____

Please list the types of symptoms you had - i.e. loss of consciousness, amnesia, headaches, foggy feeling, difficulty concentrating, etc:

1. _____

3. _____

2. _____

4. _____

Please list the amount of time symptoms persisted for each concussion:

1. _____

3. _____

2. _____

4. _____

Have you ever been hospitalized due to a head injury/concussion?

YES NO

Have you ever become unconscious, and/or lost your memory due to a head injury/concussion?

YES NO

Have you ever been evaluated with an MRI or CT scan after sustaining a concussion?

YES NO

Have you ever been tested using computerized concussion/neuropsychological test (i.e. ImPact/Headminder)?

YES NO

Have you ever been advised not to participate in athletic activities due to a head injury?

YES NO

Do you have a history of migraine headaches?

YES NO

◆ How Often? _____

Please Describe _____

◆ Medications Taken for Migraines? _____

Have you had headaches for more than three (3) months?

YES NO

If you answered "Yes" to any of the above, please describe and include dates where necessary _____

****IMPORTANT****

CONCUSSION BASELINE TESTING

If you are playing for one of the following varsity teams or event:

- Football

- Men's Soccer

- Women's Soccer

- Men's Basketball

- Women's Basketball

- Baseball

- Softball

- Pole Vault

You must complete the Online ImPact Concussion Baseline Test. This needs to be done in order for your medical packet to be complete and before the first day of practice or you will not be allowed to participate. You can do this from any location. "How to" instructions are page 13 and 14 of this packet.

For educational material on concussion, please visit: http://web1.ncaa.org/web_files/health_safety/ConFactSheetsa.pdf

XX. Medications:

Are you currently taking any prescription &/or over-the-counter medications?

 YES NO

If yes, please list medication, reason taken and dosage below:

MEDICATION**PURPOSE****DOSAGE**

XXI. Supplements / Ergogenic Aids:

Are you currently taking any supplements or ergogenic aids?

 YES NO

If yes, please list supplement, reason taken and dosage below:

SUPPLEMENT**PURPOSE****DOSAGE**

NCAA Banned Substances

There are certain classes of drugs that have been banned for use by student-athletes by the NCAA. These classes include stimulants, beta-blockers, diuretics, anti-estrogens, anabolic agents (steroids), and peptide hormones. However, the NCAA does allow for exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such drugs. **Common uses of these drugs include treatment for Attention Deficit/Hyperactivity Disorder, Male-Pattern Baldness, and Hypogonadism.** Please view the current NCAA drug policy at www.ncaa.org/health-safety. For more information on the classes of banned drugs please visit www.drugfreesport.com. If you have been prescribed a banned drug please declare them above. In order to obtain an exception from the NCAA please be prepared to present documentation of the diagnosis or the condition and documentation from the prescribing physician explaining the course of treatment and the current prescription. If you have been prescribed drugs that include anabolic agents (steroids) or hormone modulators, the exception must be granted before the student-athlete is allowed to participate while taking these medications.

If you have questions regarding the NCAA policy on banned substances and if an exception is necessary please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or swibel@willamette.edu.

XXII. Please Answer:

- YES NO Have you ever had any injury or illness other than those already noted?
- YES NO Do you have any ongoing or chronic illnesses other than those already noted?
- YES NO Have you ever been hospitalized overnight?
- YES NO Are you currently under a physician's care for any medical conditions?
- YES NO Do you require any special equipment (braces, neck rolls, dental, orthotics, hearing aids, etc.)?
- YES NO Have you ever suffered an injury to your eyes?
- YES NO Do you wear contact lenses?
- YES NO Have you ever suffered an injury to your ears, nose, or throat?
- YES NO Have you ever suffered a dental injury?

If you have answered **YES** to any of the above, please explain: _____

If you have had surgery or have been under the care of a physician for a medical condition in the past 24 months that has restricted your athletic participation in any way, or have a history of any cardiovascular abnormality, you must provide the Willamette Sports Medicine Department with a written release from the attending physician for participation (Please use attached clearance form – pg 12 of medical forms). This must be done prior to ANY conditioning, practice or competition. If you have any questions please contact Head Athletic Trainer, Shane Wibel at (503) 370-6672 or swibel@willamette.edu.

Student-Athlete Signature

Date

Student-Athlete Print Name

Parent/Guardian Signature (if under 18 years of age)

Date

Parent/Guardian Print Name



Willamette University Sports Medicine Return to Athletics Release

If you have had surgery, or any major injury or illness in the last **24 months** or ever have been diagnoses with a disease or disorder; please have the treating physician fill out the below form to allow participation in your sport or sports. Thank you.

Athletes Name: _____

Sport: _____

Injury/Illness: _____

May return to activity:

- Without restrictions
- Limited Activity: _____

- Not Cleared for Activity
- Other Comments: _____

Date: _____

Physician Name (printed): _____

Physician Signature: _____

Clinic Stamp:



Willamette University

Athletics Department
www.willamette.edu/athletics

Date: May 1, 2011

To: Willamette University Student-Athletes involved in:
Football, Men's Soccer, Women's Soccer, Men's Basketball, Women's Basketball, Baseball, Softball, Pole Vault

From: Willamette University Sports Medicine Staff

RE: ImPACT Concussion Baseline Testing

Student-athletes involved with Football, Men's Soccer, Women's Soccer, Men's Basketball, Women's Basketball, Baseball, Softball & Pole Vault are required to complete an ImPACT Concussion Baseline Test before they will be allowed to participate in any Willamette associated voluntary activities and/or NCAA Countable Athletically Related Activities. The ImPACT Test is part our approach to sport concussion management at Willamette University. You can take the test online if you have a broadband internet connection. If you do not have access to broadband internet connection you can take the test when you arrive back on campus. However, the baseline test **MUST BE COMPLETE** before you are allowed to start practicing with your team.

Please review the following FAQ:

What are the computer requirements to take the test?

- Make sure you are using Internet Explorer 6.0 and above or Firefox 1.5 or above and Safari for the MAC running OSX 10.2 and above.
- You must have Macromedia FLASH PLAYER 8.0 or newer installed. You can download FLASH PLAYER at www.adobe.com
- If you have a pop up blocker installed you must turn it off for the duration of the test.
- Close all other programs on your computer before taking the test.
- You need a broadband internet connection
- The computer you use must have a mouse
- TouchPad and TrackPoint mice (typically found on laptop computers) should NOT be used.
- If you are taking the exam on a laptop computer, make sure that it is plugged into an electrical outlet and is not running on battery power.

How long will the test take?

- The test will take approximately 25 to 30 minutes to complete. The system allows up to 45 minutes to take the test.
- Choose an environment that is free of noise and other distractions.
- Test should be taken before any exertional activities (before exercise).

Are there any technical items that might interfere with taking the test?

- Firewalls should allow an Internet session limit of 45 minutes to insure uninterrupted connections.
- Firewalls need to allow downloads of FLASH files.
- If you are having log on problems make sure to clear out your browser cache before giving up. Either hit the refresh key several times, close out and re-start the browser or re-boot your computer. Depending on the kind of computer and which browser you are using one of these items should resolve the issue.

Can I purposely perform poorly on the baseline test in an attempt to minimize future signs and symptoms of a concussion?

- The test has a built in “Validity Indicator” that automatically flags a suspicious baseline test.
- The results of your baseline test will indicate if you were trying to “Sandbag” and you will be required to repeat the test.

Please follow the guidelines outlined in the FAQ section of this letter. If you have any question please send an email at swibel@willamette.edu. The Baseline Test can be taken at the following location:

<https://www.impacttestonline.com/colleges>

When you log onto the ImPACT website you will be prompted to select your organization;

- choose ‘OREGON’
- click ‘Launch Baseline Test’
- enter the following ImPact ID code:

ImPact ID Code: 5ZFNEXT4X4

From there follow the directions. At one point you will be asked to select which school you are with, be sure to select “Willamette University.”

Willamette University Insurance Information Form

Athlete Full Name _____

Date of Birth _____ Year in School: Fr. Soph. Jr. Sr. 5th yr

Permanent Mailing Address _____

Student ID # _____ City _____ State _____ Zip _____

Cell Phone Number _____ E-mail address _____

Allergies (include type of reaction) _____

Medications (include strength and frequency) _____

Major Surgeries or Injuries (include year) _____

Major Medical Illnesses/Disorder _____

Name and Telephone Number of Person to Contact in case of significant injury:

Name: _____ Phone(____) _____ Relationship _____

Primary Medical Insurance Co _____

Ins Address _____ Ins Phone Number (____) _____

Policy # _____ Group# _____

Policyholder's name _____ Date of Birth _____

Employer _____ Employer Phone Number (____) _____

Relationship to Athlete _____ Contact Phone Number (____) _____

Policyholders Mailing Address _____

Secondary Medical Insurance Co _____

Ins Address _____ Ins Phone Number (____) _____

Policy # _____ Group# _____

Policyholder's name _____ Date of Birth _____

Employer _____ Employer Phone Number (____) _____

Relationship to Athlete _____ Contact Phone Number (____) _____

Policyholders Mailing Address _____

Willamette Athletic Excess Insurance Policy:

Company NAHGA Address PO BOX 189, Bridgton, ME 04009 Phone (800)952-4320

Student ID # 00 Group # US08628-111

Are there any coverage procedures that we should be aware of in the event your son/daughter sustains an injury which is considered a "non-emergency" (I.e., referrals, coverage limitation)?

- I/We agree that all information provided in this document is accurate and complete to the best of my/our knowledge and that I/We will update any changes immediately. I/We understand that any incorrect or undisclosed information can result in the improper management of injuries and also duplicate payments. I/We understand the financial responsibility of any injuries improperly managed as a result of incorrect or undisclosed information or failure to follow the procedures for athletic injuries or illness, and medical care will be the obligation of the undersigned.
- If a medical emergency arises while participating in an athletic contest away from Willamette University, I consent to an examination and/or treatment by a physician recommended by the host school authorities.
- I hereby authorize Willamette University Student Health Services and its Insurance Agent to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and /or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original. We authorize Willamette University and its Insurance Agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by Willamette University.

X
Signature of athlete (or legal guardian if under 18 years old)

Date

Name: _____

Sport: _____

Academic Year 2011-12

Please attach a copy, FRONT AND BACK, of your primary insurance card and, if applicable, your secondary insurance card.

Primary Insurance Card

Front	Back
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Secondary Insurance Card

Front	Back
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Willamette University Sports Medicine Statement of Insurance Coverage

Sports activities have varying degrees of risk of injury that participants should recognize by the nature of the activity. Students who choose to participate in the intercollegiate sports program are required to have personal insurance coverage. Willamette University has an excess insurance policy on all varsity sports participants; it acts as a **secondary** carrier for athletic injuries only.

Insurance Claims Policies

Any medical or dental services connected with the care of injuries sustained during participation in intercollegiate athletic programs must be arranged through the Head Athletic Trainer. In emergencies, if the athletic trainer is not available, the student should consult the Student Health Center. An athlete who is injured in a practice or a contest should report the injury immediately to the athletic trainer.

Written authorization and all necessary paperwork will be given by the athletic trainer for referral to the appropriate physician. If this documentation is not on file in the athletic training room, claims for services may not be considered and the athletes may be responsible for payment. No exceptions. **The claims process must be initiated within 90 days of injury.**

If a student-athlete is injured while participating in an actual contest, practice, scrimmage sessions, or while in transit to or from an event, the University's policy with regard to insurance coverage is as follows:

- University policy requires that if the parents or student have accident or medical insurance, this insurance be applied primarily to pay for such medical/dental and hospital costs that it covers. Claim procedures **MUST** be followed per your private insurance. If not, a delay in payment or denial of payment may occur.
- The University intercollegiate athletic insurance policy is a '**secondary coverage**' plan that provides benefits for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. The limit of the university athletic plan is \$75,000. NCAA Catastrophic Insurance is provided above this limit. The University intercollegiate athletic insurance will not consider charges above 'usual, reasonable and customary' (UCR).
- The Head Athletic Trainer will initiate insurance coverage matters for all athletes. The injured athlete is responsible for filling out an insurance claim form with the Head Athletic Trainer and submitting any medical documentation, bills, EOB's (Explanation of Benefits), or relevant paperwork immediately upon receipt. All claims must be initiated within 90 days from the date of the original injury.
- For student-athletes who are covered under an HMO policy it is advised that you research the available treatment options in the Salem/Marion County area. Certain HMO's do not have out-of-the-area doctors on their list of approved providers which may limit the availability of the student to pursue medical treatment beyond emergency room visits. Willamette University is **required** to follow the guidelines of the students' primary health insurance, therefore it is highly recommended that the policy holder make sure the students' coverage includes intercollegiate athletics and their benefits extend into Marion County. **The university intercollegiate insurance plan will reduce coverage to 50% of 'usual, reasonable and customary' charges when the guidelines of the student's primary insurance plan are not followed.**

If a serious injury should occur to an athlete while representing Willamette at a sanctioned game, scrimmage, meet or tournament, for which treatment cannot await the return to campus, seek appropriate medical attention and notify the athletic trainers within 24 hours.

I, _____ have read and understand the insurance claims policies and know that Willamette University is not responsible for medical bills if guidelines are not followed, I or my parents may be held financially responsible.

Signed: _____

Date: _____

PLEASE MAKE A COPY FOR YOUR RECORDS

COMPLETE INSURANCE CLAIM POLICIES AND PROCEDURES CAN BE FOUND AT:

http://www.willamette.edu/sports_medicine/insurance

WILLAMETTE UNIVERSITY SPORTS MEDICINE DEPARTMENT
Medical Examination & Authorization Waiver

I, _____ hereby acknowledge, affirm, and represent the following:

A. PRESENT PHYSICAL CONDITION:

I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to the Willamette University Sports Medicine Team; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition.

_____ [initial]

B. MEDICAL CONSENT:

If a serious injury or medical condition should occur in conjunction with participation on intercollegiate athletic teams, the sports medicine and/or coaching staff will attempt to contact a parent/guardian. In the event immediate contact cannot be established, the following statements are provided for your authorization/permission.

I/We hereby grant permission to Willamette University Athletic Department, its athletic team physician and/or athletic trainer, to render aid, treatment, and medical or surgical care deemed reasonably necessary to the health and well-being of the above named Student Athlete.

I/We further authorize the athletic trainers at Willamette University, who are under the direction and guidance of the athletic team physicians, to render any first aid or prevention, rehabilitative or emergency treatment deemed necessary to protect the health and well-being of the above named Student Athlete.

I/We additionally grant permission for hospitalization treatment or surgery at a competent and/or accredited facility when necessary for protecting the health and well-being of the above named Student Athlete.

_____ [initial]

C. FUTURE COMPLAINTS:

I acknowledge and agree that all future injuries, medical/dental/mental problems, ailments, complaints, re-injuries, symptoms or concern of concussion, and aggravations of old injuries must be immediately reported to a member of Willamette University's sports medicine team, no matter how minor or insignificant I may deem them to be.

_____ [initial]

D. ACKNOWLEDGMENT & ASSUMPTION OF RISK

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious head, neck and spinal injuries which may result in complete or partial paralysis or brain damage, temporary or permanent cognitive disability, and/or degenerative brain disease, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or Sports Medicine Department. Furthermore, I understand that the possibility of injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In consideration of Willamette University permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to hold harmless, indemnify, and irrevocably and unconditionally release Willamette University, and their offices, agents, and employees from an and all liability, any medical expenses not covered by the University’s Intercollegiate Athletics’ medical insurance coverage, and any and all claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

I release, waive, discharge and covenant not to sue Willamette University, its officers, agents and employees all of which are hereinafter referred to as “releasees,” from any and all liability to me, my heirs, or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I have read and understand the content of the waiver and release and sign voluntarily.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

_____ [initial]

E. AUTHORIZATION:

I fully understand that this authorization shall be effective and valid for one year (52 weeks) after the termination of my playing and/or academic career at Willamette University.

_____ [initial]

Signature

Date

Parent/Guardian Signature (if under 18 years old)

Date

Willamette University Athletic Training

Student-Athlete Authorization/Consent For Disclosure of Protected Health Information

I hereby authorize the athletic trainers, team physicians, Bishop Wellness Center (including Health, Counseling and Disability Services staff) and other health care personnel representing Willamette University to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medial status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and /or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or university administrators, Conference commissioner, chaplains and /or clergy members, and the NCAA Injury Surveillance System.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Willamette University. I understand that my protected health 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 once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Bishop Wellness Center and/or the Athletic Training staff, but if I do, it will not have ay effect on actions Willamette University took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires six (6) years from the date it is signed.

Name of Student-Athlete (print or type)_____
Signature of Student-Athlete_____
Date_____
Social Security Number of Student-Athlete_____
Date of Birth of Student-Athlete_____
Signature of Parent/Guardian (if student-athlete is under 18 years of age)_____
Date