



# 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. The student-athlete is required to have a pre-participation physical examination prior to their first year at the university as well as a medical history, and proof of insurance, annually. The appropriate forms can be downloaded from the sports medicine section of the Athletics Department website ([www.willamette.edu/athletics](http://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 student. 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. **These forms need to be on file and complete before any participation is allowed. Completed packet must be submitted to Willamette University Sports Medicine by August 1, 2009.** 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 Student Health 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 (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 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 its ready to be submitted.

I look forward to a very successful and safe 2009-2010 school year. If you have any questions please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or [swibel@willamette.edu](mailto: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 medical history form, 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, 2009. **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 clinical 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 or Softball**
- **Personal, Insurance, & Emergency Contact Information\***
  - Give necessary addresses and phone numbers. These numbers will be used for emergency contacts.
- **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**
- **Initialed and Signed Assumption of Risk**
- **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, 2009 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.** 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 in no way 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 Bishop Wellness Website [www.willamette.edu/dept/health](http://www.willamette.edu/dept/health) and following the Student Brochure & Online Waiver link.

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

Student-Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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	ABNORMAL FINDINGS/PREVIOUS INJURY OR ILLNESS
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**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**

Clearance to Participate: \_\_\_\_\_ Unlimited \_\_\_\_\_ Limited (explain below) \_\_\_\_\_ Not clear (explain below)

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

\_\_\_\_\_

\_\_\_\_\_

*I have also received and reviewed the above athletes Willamette University Health History Form during this physical exam.*

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" please describe and include dates where necessary \_\_\_\_\_
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### 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" please describe and include dates where necessary \_\_\_\_\_
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### 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" please describe and include dates where necessary \_\_\_\_\_
- 
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### IV. Sickle Cell Anemia:

- Have you ever been tested for Sickle Cell Anemia that you are aware of?  YES  NO
- ◆ Date? \_\_\_\_\_ Result? \_\_\_\_\_
- Does any member of your family carry the Sickle Cell Trait/have Sickle Cell Anemia that you are aware of?  YES  NO
- ◆ Please Describe \_\_\_\_\_
- Have you ever been advised that you carry the Sickle Cell Trait / have Sickle Cell Anemia?  YES  NO
- ◆ Please Describe \_\_\_\_\_
- 
-

**V. Diabetic History:**

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

Are You Presently Taking or Have You Taken Any Diabetic Medications?  YES  NO

<b><u>Medication</u></b>	<b><u>Form</u></b>	<b><u>Dosage</u></b>	<b><u>Frequency</u></b>
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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:

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If you answered "Yes" please describe and include dates where necessary \_\_\_\_\_

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**VI. For Females 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 have painful or heavy menstrual periods?
- YES  NO      Do you take any medications during your menstrual periods? If yes, what? \_\_\_\_\_
- YES  NO      Do you take birth control pills? If yes, what brand? \_\_\_\_\_
- YES  NO      Have you ever had any problems with your breasts?
- YES  NO      Have you had a pelvic examination within the last year?

**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" 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" please describe and include dates where necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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" please describe and include dates where necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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" 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" 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" 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" 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" 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" 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" 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" 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" please describe and include dates where necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, dizziness:

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)?  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" please describe and include dates where necessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IMPORTANT\*\***

**CONCUSSION BASELINE TESTING**

If you are intending to tryout/play for one of the following varsity teams:

- Football      - Men's Soccer      - Women's Soccer      - Men's Basketball
- Women's Basketball      - Baseball      - Softball

You must complete the Online ImPact Concussion Baseline Test. This needs to be done 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 at the end of this packet.

**XX. Medications:**

Please List **ALL** Prescription & Over-the-Counter Medications That You Are **CURRENTLY** Taking or **Have Taken** In The PAST Two (2) Years, & For What Purpose:

<u>MEDICATION</u>	<u>PURPOSE</u>	<u>DOSAGE</u>	<u>DATE(S)</u>

**XXI. Supplements / Ergogenic Aids:**

Please List **ALL** Supplements / Ergogenic Aids That You Are **CURRENTLY** Taking or **Have Taken** In The PAST Two (2) Years, & For What Purpose:

<u>SUPPLEMENT</u>	<u>PURPOSE</u>	<u>DOSAGE</u>	<u>DATE(S)</u>

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](http://www.ncaa.org/health-safety). For more information on the classes of banned drugs please visit [www.drugfreesport.com](http://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](mailto:swibel@willamette.edu).

**XXII. Please Answer:** *{All questions are strictly CONFIDENTIAL & will not be shared with parents or coaches!}*

- 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?
- YES  NO Have you ever been hospitalized overnight?
- YES  NO Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
- YES  NO Are you currently under a physician's care for any medical conditions?
- YES  NO Have you consulted and/or been under the care of a chiropractor in the past five (5) years?
- YES  NO Do you cough, wheeze, or have trouble breathing during or after exercise / practice?
- YES  NO Have you ever been told that you have kidney disease?
- YES  NO Have you ever had a stomach and/or duodenal ulcer?
- YES  NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
- YES  NO Have you ever had seizures, convulsions, and/or epilepsy?
- YES  NO Have you ever had an abnormal chest x-ray and/or pneumonia?
- YES  NO Do you require any special equipment (braces, neck rolls, dental, orthotics, hearing aids, etc.)
- YES  NO Have you had a tetanus booster within the past five (5) years? If yes, when? \_\_\_\_\_
- YES  NO Have you ever received the Hepatitis B (HBV) Vaccination series (all 3 shots)? If yes, when? \_\_\_\_\_
- YES  NO Have you ever felt forced to limit your food intake due to concerns about your weight and/or body size?
- YES  NO Have you had a history of anorexia, bulimia (forced vomiting), and/or any other eating disorders?
- 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 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

*Athletic Department*  
[www.willamette.edu/athletic](http://www.willamette.edu/athletic)

Date: January 29, 2009

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

From: Willamette University Sports Medicine Staff

RE: ImPACT Concussion Baseline Testing

Starting with the 2009–2010 intercollegiate athletic season, student-athletes involved with Football, Men's Soccer, Women's Soccer, Men's Basketball, Women's Basketball, Baseball & Softball will be 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 of a new approach to sport concussion management that will begin on August 1, 2009 at Willamette.

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 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](http://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.

If I have already taken an ImPact Concussion Baseline test while at my high school or previous college/university do I need to take this test also?

- Yes, you need to take the test so it is in Willamette’s database.

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](mailto: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 country/state...very important to select **“OREGON”**
- Then you will need to ‘click’ on the ‘Launch Baseline Test’ button
- From there follow the directions given
- At one point you will be asked to select which school you are with, be sure to select **“Willamette University”**

Sport \_\_\_\_\_

Athlete Full Name \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Permanent Address \_\_\_\_\_

**Primary Medical Insurance Co** \_\_\_\_\_

Ins Address \_\_\_\_\_

Insurance Phone Number ( ) \_\_\_\_\_

Is your insurance company considered a HMO? \_\_\_\_\_ PPO? \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Em phone \_\_\_\_\_

Birthday \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Secondary Medical Insurance Co** \_\_\_\_\_

Ins Address \_\_\_\_\_

Insurance Phone Number ( ) \_\_\_\_\_

Is your insurance company considered a HMO? \_\_\_\_\_ PPO? \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Em phone \_\_\_\_\_

Birthday \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Willamette Athletic Excess Insurance Policy: NAHGA**

Address: PO Box 189, Bridgton, ME 04009 Phone: 800-952-4320

GR # US035685-09B0421 Student ID # 00

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)?  
\_\_\_\_\_

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ bpm

**Allergies**

Substance	Type of Reaction

**Drugs or Medications**

Type of Drug/Medication	Strength	Frequency

**Major Surgeries or Injuries**

Type of Surgery or Injury	Year

**Major Medical Illnesses**

Anemia	Y	N	Pneumonia	Y	N
Arthritis	Y	N	Previous head or neck injury	Y	N
Asthma	Y	N	Prior heat related problems	Y	N
Bleeding Disorders	Y	N	Seizure	Y	N
Diabetes	Y	N	Thyroid Disease	Y	N
Heart Murmur	Y	N	Ulcers	Y	N
Hepatitis	Y	N			
Hypertension	Y	N			
Mononucleosis	Y	N			

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 and Telephone Number of person to contact in case of significant injury:		
Name _____	Relationship _____	Phone ( ) _____

**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 an 'excess 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 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 or treatment. Willamette University is required to follow the guidelines of the students' primary 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](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 and discussed with a member of Willamette University's Sports Medicine Team; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed and discussed. 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, 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 neck and spinal injuries which may result in complete or partial paralysis or brain damage, 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 tome, 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