



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 returning student-athlete is required to update their medical history, along with proof of 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. **These forms need to be on file and complete before any participation is allowed. Completed packet must be submitted to Willamette University Sports Medicine staff 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/or your parent/guardian keep a copy of your completed packet once it is ready to submit.

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.

Sincerely,

Shane Wibel, MPH, ATC
Head Athletic Trainer

Willamette University Sports Medicine
Pre-Participation Physical Examination Packet for
Returning Varsity Athletes
Checklist

- **Health History Update**
 - 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 from your attending physician will be required if you have:**
 - A heart murmur or other cardiac abnormality diagnoses since your last medical screening.
 - Major illness since your last medical screening.
 - Physical injuries requiring ongoing medical attention or clinical rehabilitation since you last medical screening.
 - Any surgery since your last medical screening.
 - Please have your physician use the attached Return to Athletic Release form for any clearances needed.
- **If you will be involved with: Football, Men’s/Women’s Soccer, Men’s/Women’s Basketball, Baseball or Softball make sure to complete the Online ImPact Concussion Baseline Test. (Directions are included in this packet)**
- **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**
- **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 with 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 necessary medical screening has not taken place or if any paperwork is incomplete, **THE STUDENT-ATHLETE WILL NOT BE ABLE TO BEGIN PRACTICE. THERE WILL BE NO EXCEPTIONS.**

***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 Center’s Website (www.willamette.edu/dept/health) and following the Student Brochure & Online Waiver link.**

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.

**Willamette University Sports Medicine
Returning Student-Athlete
Health History Update**

Please provide a complete explanation of any “yes” answer including dates of treatment. All the questions below refer to injuries/illness/ conditions that have occurred since your last pre-participation medical screening.

Since Your Last Medical Screening:

1. Have you been diagnosed with any new medical conditions? YES NO
If yes, did it require care of a physician? YES NO

If yes, please explain _____

2. Have you suffered or been diagnosed with a concussion? YES NO

If yes, please explain _____

3. Have you been diagnosed with a cardiac condition? YES NO

If yes, please explain _____

4. Have you been hospitalized? YES NO

If yes, please explain _____

5. Have you had surgery? YES NO

If yes, please explain _____

6. Have you suffered any orthopedic injuries either sports or non-sports related? YES NO

If yes, please explain _____

7. Have you been diagnosed with asthma or other breathing disorder? YES NO

If yes, please explain_____

8. Have you been restricted from sports activities for any medical or health related reason? YES NO

If yes, please explain_____

9. Have there been any other changes to your general health? YES NO

If yes, please explain_____

10. WOMEN: Have you had any changes in your menstrual cycle (lack of, skipping, etc)? YES NO

If yes, please explain_____

11. Do you have any concerns about your health that may affect your ability to participate in intercollegiate athletics at Willamette University during the 2009-10 season? YES NO

If yes, please explain_____

If you have been under the care of a physician for a medical condition in the past 12 months that has restricted your athletic participation in any way, been diagnosed with cardiovascular abnormality, or had surgery or any hospitalization, you must provide the Willamette University Sports Medicine Department with a written release for participation from the attending physician (Please use attached clearance form – pg 6 of packet). 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

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. 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.



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 diagnosed 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

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
- 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. 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
-------	------

Secondary Insurance Card

Front	Back
-------	------

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

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]

D. 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