



# FAYETTEVILLE STATE UNIVERSITY BRONCOS

## Sports Pre-participation Physical Examination UPDATE (Returners)

**Note to athlete: This form is only applicable for RETURNING student-athletes who already have a FULL sports physical on file with the school. If this is your first time, please fill out and have a physician sign the physical for NEW student-athletes.**

### PERSONAL INFORMATION:

**PLEASE PRINT CLEARLY AND LEGIBLY**

Name: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Banner/Student ID#: \_\_\_\_\_

Sex (Circle One): Male Female Date of Birth (mm/dd/yy): \_\_\_\_\_

Sport: \_\_\_\_\_ Eligibility (circle one): Fr So Jr Sr Grad

Address (while at school): \_\_\_\_\_  
Street City/State Zip Code

Phone Number: Home-( ) Cell-( )

Permanent Address (Parent/Guardian):

\_\_\_\_\_  
Street City/State Zip Code

### Emergency Contacts (MUST LIST AT LEAST ONE)

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Relation: \_\_\_\_\_ (work): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Relation: \_\_\_\_\_ (work): \_\_\_\_\_

## SHARED RESPONSIBILITY FOR SPORT SAFETY

Participation in sports requires an acceptance of risk of injury. Student-athletes rightfully assume that those who are responsible for the conduct of the sport have taken reasonable precautions to minimize the risk of significant injury. Periodic analysis of injury patterns continuously leads to refinements in the rules and/or other safety guidelines.

However, to legislate safety via the rule book and equipment standards alone, while often necessary, is seldom entirely effective. To rely on officials to enforce compliance with the rule book is an insufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. Compliance implies respect on everyone's part (student-athlete, coach, athletic trainer, physician, athletic director) for the intent and purpose of the rules and guidelines.

Student-athletes, for their part, should comply with and understand the rules and standards that govern their sports. Coaches should appropriately acquaint the student-athlete with risks of injury and with the rules and practices they are employing to minimize the student-athlete's risk of significant injury while pursuing the many benefits of the sport. The athletic trainer and team physician are also partly responsible for developing injury-prevention strategies (where possible) and the care of those injuries that occur. The athletics program, via the athletic director and coaches, should be responsible for providing a safe environment. The student-athlete and the athletics program have a mutual need for an informed awareness for the risks being accepted and for sharing the responsibility for minimizing those risks. Your signature below indicates that you understand this shared responsibility process, including the role you play, in attempting to prevent injuries to yourself, your teammates and your opponents.

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**Signature of athlete/and parent if athlete is under age 18**

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**Date**

### Assumption of Risk

I understand that while I am participating in intercollegiate athletics, there is a risk of injury. I understand that there is always the possibility of injuries when you place extra demands on the muscles, bones, joints, and ligaments in a competitive environment. Injuries that can occur in varsity athletics include by are not necessarily limited to the following: blisters, muscle strains, ligament and joint sprains, joint soreness, abrasions, contusions, stress fractures, broken bones, head, neck and spinal cord injuries involving paralysis and even death. However, if you exercise care for your safety and the safety of your teammates and your opponents, the likelihood of such injuries can be greatly reduced.

I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

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**Signature of athlete/and parent if athlete is under age 18**

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**Date**

### Consent for Treatment and Duty to Report Injury

I understand that I may be injured while participating in intercollegiate athletics at Fayetteville State University. I authorize the school to obtain, through a physician of its choice, any emergency care that may become necessary while participating in or traveling under Fayetteville State University's intercollegiate athletics program. I also authorize the University athletic team physician and athletics trainers to administer those treatments as necessary.

I also understand that it is my responsibility to report any injury, illness and symptoms to the Fayetteville State University Sports Medicine staff as soon as the injury/illness occurs or as soon as symptoms are experienced. I understand that failure to report an injury, illness or symptoms increases the risk of serious complications and inhibits the ability of the Fayetteville State University Sports Medicine staff to provide timely and adequate treatment.

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**Signature of athlete/and parent if athlete is under age 18**

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**Date**

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Please list and explain any new injuries or illnesses sustained and/or treated for in the past year or since you've last filled out a complete medical history form for Fayetteville State University Athletic Training.

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Please list any medical or psychological issues that you feel apprehensive about or worry that they may cause an added risk to you or your teammates outside the normal risks of your sport.

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WOULD YOU LIKE TO SEE A PHYSICIAN AT THIS TIME FOR ANY REASON?  YES  NO

The undersigned herewith,

- A. Understands that any medical expense incurred due to the above pre-existing conditions and not directly attributable to the athletic participation at Fayetteville State University is their personal responsibility.
- B. Understands that the athletic medical insurance is secondary coverage and does not cover them until he or she has been cleared by an athletic physical examination.
- C. Understands that he or she must refrain from practice while ill or injured, whether or not receiving medical treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- D. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.
- E. Certifies that the answers above are correct and true.

**Athlete Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TO BE COMPLETED BY FAYETTEVILLE STATE UNIVERSITY MEDICAL PERSONNEL:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Resting HR: \_\_\_\_\_  
BP: \_\_\_\_/\_\_\_\_ If further testing required: Date: \_\_\_\_\_ (\_\_\_\_/\_\_\_\_) Date: \_\_\_\_\_ (\_\_\_\_/\_\_\_\_)

**MEDICAL REVIEW COMMENTS:**

LMP: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

PMH (Past Medical History):

Any Recent Surgeries or Hospitalizations in the past one (1) year?

S-

O-

A/P-

**CLEARANCE:**

- I certify that this patient is **cleared** to participate in intercollegiate athletics for Fayetteville State University.
- I certify that this patient is **conditionally cleared** to participate in intercollegiate athletics for Fayetteville State University

**pending:** \_\_\_\_\_

- Patient is **NOT CLEARED** to participate in intercollegiate athletics for Fayetteville State University

**Healthcare Practitioner Signature (RN, NPC, PA-C, or MD)**

\_\_\_\_\_ **Date** \_\_\_\_\_

STUDENT HEALTH SERVICES OFFICE STAMP:

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



**FAYETTEVILLE STATE UNIVERSITY  
BRONCOS**

**MEDICINE INSURANCE STATEMENT UPDATE**

**HAS YOUR PRIMARY HEALTH INSURANCE CHANGED SINCE LAST YEAR?**

YES  NO

I certify that I am covered by a primary health insurance policy from **(circle one below)**:

Fayetteville State University

or

My own primary insurance company  
(Please attach copy of insurance card if  
different from last year)

I have read all the information contained on the pages of this statement and I understand my responsibilities and obligations.

\_\_\_\_\_  
Print name of Student-Athlete

\_\_\_\_\_  
Signature of student-athlete or legal guardian if athlete is under 18

\_\_\_\_\_  
Date

**IF YOU HAVE A NEW PRIMARY HEALTH INSURANCE, OTHER THAN THE SCHOOL'S PLAN, PLEASE MAKE A COPY OF THE FRONT AND BACK OF THE CARD AND TAPE IT BELOW:**

**REMINDER:** STUDENT-ATHLETES RECEIVING ANY ATHLETIC-BASED AID (i.e. A full or partial sports scholarship) ARE NOT PERMITTED TO WAIVE THE SCHOOL'S PRIMARY INSURANCE

**DRUG AND ALCOHOL EDUCATION, SCREENING AND  
COUNSELING PROGRAM FOR INTERCOLLEGIATE ATHLETES**

**CONSENT FORM**

I hereby acknowledge that the program for drug education and drug testing has been presented to me. I further acknowledge that I have had the opportunity to review the program in written form and to ask questions and fully understand the provisions of the program.

I consent to have samples of my urine collected at various times and screened for the presences of any of the banned substances listed in the policy.

I authorize the confidential release of test results to pertinent university officials and my parent(s) or guardian(s). This includes any information and records relating to the screening and testing of my urine.

I waive any privilege I may have in connection with such information and release university officials, including the Fayetteville State University Board of Trustees, officers, employees, and agents from any legal responsibility or liability for any actions related to the implementation of this program or the release of information and records as authorized by this form.

For the academic year: \_\_\_\_\_

Print Name of Student Athlete: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student athlete is under 18 years of age)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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**FAYETTEVILLE STATE UNIVERSITY  
STUDENT-ATHLETE CONCUSSION STATEMENT**

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I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

\_\_\_\_\_      A concussion is a brain injury, which I am responsible for reporting to my  
Initial      team physician or athletic trainer.

\_\_\_\_\_      A concussion can affect my ability to perform everyday activities, and affect  
Initial      reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_      You cannot see a concussion, but you might notice some of the symptoms  
Initial      right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_      If I suspect a teammate has a concussion, I am responsible for reporting the  
Initial      injury to my team physician or athletic trainer.

\_\_\_\_\_      I will not return to play in a game or practice if I have received a blow to  
Initial      the head or body that results in concussion-related symptoms.

\_\_\_\_\_      Following concussion the brain needs time to heal. You are much more likely  
Initial      to have a repeat concussion if you return to play before your symptoms  
resolve.

\_\_\_\_\_      In rare cases, repeat concussions can cause permanent brain damage, and  
Initial      even death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

PACKET REVIEWED BY **FSU ATHLETIC TRAINING STAFF** AND IS COMPLETE:

ATC SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_