



Southern Illinois University Edwardsville
Department of Intercollegiate Athletics

www.siu cougars.com

Campus Box 1129 · Edwardsville, Illinois 62026 · (618) 650-2871 · (618) 650-3369 (Fax)

June 22, 2011

Dear SIUE Student-Athlete and Parents,

Welcome back! We are grateful for all the support and encouragement you parents have given your son or daughter to be able to compete in intercollegiate athletics.

SIUE does not require every returning student-athlete to undergo a physical exam annually to compete; however, each returning student-athlete is required to submit a Returning Student-Athlete Medical Update Questionnaire and parent insurance information.

Enclosed you will find three forms:

1. Returning Student-Athlete Medical Update Questionnaire
2. Parent Insurance Information Form
3. Acknowledgement of Medical Policies and Insurance Coverage Information

In addition, a copy of the Sports Medicine Medical Policies/Insurance Coverage Information policy is enclosed for your reference.

The completed forms, ***along with a copy (front and back) of all medical insurance cards that cover the student-athlete***, must be returned to the Athletic Training Room (VC 2201) by August 1, 2011. If you prefer, you may mail forms to:

Southern Illinois University Edwardsville
Attn: Athletic Training
Campus Box 1129
Edwardsville, IL 62026

All forms **must** be on file before the student-athlete will be allowed to practice with his or her team.

If you have any questions or concerns, please feel free to contact the sports medicine staff at (618) 650-2883 or (618) 650-2160. Thank you for your help and cooperation regarding this important matter. Remember, it's a great day to be a Cougar!

Sincerely,

Gerald "Gerry" Schlemer, M.Ed., ATC, LAT
Athletic Trainer

Enclosures

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Department of Intercollegiate Athletics

Sports Medicine

Mission Statement

The primary focus of the Department of Intercollegiate Athletics Sports Medicine Office is to care for the student-athlete in all situations where an injury occurs. Our goal is to provide the best possible care to allow the prompt return to the student-athlete's sport safely and expeditiously. A staff of four certified athletic trainers coordinates and staffs the operations of the sports medicine facilities on campus which include preventive care, emergency care, medical referrals, and rehabilitative care. We also have a network of team physicians and providers with whom we work to ensure all injuries are addressed effectively and quickly.

Pre-Participation Physical Exam Policy

All student-athletes are required to complete a pre-participation physical exam (PPE) by a physician before their first season of competition. The evaluation will include a Student-Athlete Health History Questionnaire and a physical exam. The sports medicine unit and Student Health Services will conduct physical exams for student-athletes before their first practice. The cost of the PPE will be determined by Student Health Services and must be paid for at the time of service. If a student-athlete does not pass the PPE based on the evidence presented, he or she will not be allowed to participate in athletics until further tests are performed (at the student-athlete's expense) to clear them for competition. If additional testing still does not warrant passing due to a life-threatening condition, then the student-athlete will not be allowed to participate in athletics at SIUE. If the additional testing reveals a preexisting injury or structural abnormality that is not considered life-threatening but could result in aggravation of the condition if the student-athlete participates in athletics, then the student-athlete may be allowed to participate provided he or she and his or her parents sign a preexisting condition waiver. The waiver would state that the parents and the student-athlete hold the University, its team physicians, and Student Health Services harmless from any liability and costs associated with aggravation of this injury or condition. The final decision on the physical qualifications or rejection of a student-athlete rests with the team physicians. Returning student-athletes do not need to have a PPE unless notified in writing by the sports medicine staff based on information noted in the previous year's health history or because of a season-ending injury.

Personal Physician Statement

If a student-athlete wishes to visit his or her personal physician, the PPE must be documented on the SIUE forms. If, after review of the submitted documentation, the sports medicine staff and team physicians determine that a condition may exist that poses a risk for the student-athlete and the University, the student-athlete must be willing to submit to any additional assessments required (at the student-athlete's expense).

Sickle Cell Trait Testing (new student-athletes only)

As a result of new NCAA legislation, effective August 1, 2010, all new student-athletes will have to either present a copy of official lab results from a sickle cell trait solubility blood test to the sports medicine staff or have a sickle cell trait solubility blood test. The cost for this blood test will be the responsibility of the student-athlete. If you choose, this can also be performed at Student Health Services. The cost of the test is \$10.00.

Forms

All new student-athletes are required to have all forms completed and on file by August 1, 2011, before being allowed to practice or participate in any intercollegiate athletic activity. The forms that need to be completed and returned are:

- Student-Athlete Health History Questionnaire
- Pre-participation Physical Exam Form
- Parent Insurance Information Form
- Copies of student-athlete's medical insurance card(s) (front and back)
- Acknowledgement of having received Medical Policies and Insurance Coverage Information
- Sickle Cell trait test lab results

All returning student-athletes are required to have all forms completed and on file by August 1, 2011, before being allowed to practice or participate in any intercollegiate athletic activity. The forms that will need to be completed and returned are:

- Returning Student-Athlete Medical Update
- Parent Insurance Information Form
- Copies of student-athlete's medical insurance card(s) (front and back)
- Acknowledgement of having received Medical Policies and Insurance Coverage Information

Injury/Illness Reporting

It is the responsibility of the student-athlete to understand the importance of reporting all signs and symptoms of potential injuries and illnesses immediately to the SIUE sports medicine staff, including the athletic trainers, team physicians, and/or to the sports coaching staff. This would also include any potential signs and symptoms of concussions. Failure to report these signs and symptoms may result in additional injury/complication including death. Student-athletes who are injured or become ill during a practice or contest must inform the sports medicine staff **immediately**. However, if a student-athlete wakes up with an injury or illness, he or she must report that injury or illness to the sports medicine staff before 11:00 a.m. Costs pertaining to an injury or illness not reported in a timely manner may be the responsibility of the student-athlete and/or his or her parent(s)/guardian(s). The athletic trainer on duty will evaluate the severity of the injury and work with the student-athlete and a full-time athletic trainer to make the necessary referrals to a qualified physician.

Medical Referrals

The SIUE Department of Intercollegiate Athletics has worked to foster positive relationships with many medical providers in the area who have consistently provided high-quality service to SIUE student-athletes. Members of the SIUE sports medicine staff will refer student-athletes to these providers, unless extenuating circumstances necessitate a different provider. Student-athletes with HMO policies are strongly encouraged to have a local primary care physician so that referrals can be made to ensure timely care is given. All student-athletes must be seen and evaluated by a full-time staff member of SIUE before referral to a physician will be made. A full-time member of the SIUE sports medicine staff must authorize and properly refer all student-athletes to see a physician or medical consultant and/or for diagnostic tests. **If a student-athlete decides to see a physician/medical consultant and/or undergo a diagnostic test without prior authorization or referral from a full-time member of the SIUE sports medicine staff, then the student-athlete and/or the student-athlete's parent(s)/guardian(s) will be financially responsible for any and all medical expenses incurred.**

Medical Second Opinions

Athletes are free to use any physician they wish; however, the relationships we have established with our team physicians may allow for an immediate evaluation and diagnosis. If a student-athlete and/or his or her parent(s)/guardian(s) desire another physician's opinion, a full-time SIUE sports medicine staff member will make a written referral for the second opinion.

Referral Form Protocols

An Injury Referral Form must be filled out in its entirety and signed by the student-athlete and a member of the SIUE sports medicine staff whenever a student-athlete is sent to a physician's office; to Student Health Services; or referred for a diagnostic test, physical therapy, surgery, prescription, etc.

SIUE Department of Intercollegiate Athletics Injury Referral (Authorized Expense)

- This form is used when the student-athlete is being referred for an injury that is the direct result of participation in the intercollegiate athletics program during the dates of primary competitive season and designated off-seasons as approved by the Director of Athletics according to NCAA regulations.
- The referral form will be sent with the student-athlete with the student-athlete's insurance information and physician's prescription (if applicable) attached.
- The student-athlete will return with form indicating the physician's diagnosis and treatment orders.

SIUE Department of Intercollegiate Athletics Illness Referral (Non-Authorized Expense)

- This form is used when the student-athlete is being referred for an injury and/or illness that **will not** be paid by the SIUE Department of Intercollegiate Athletics including illness, preexisting conditions, or resulting injuries from non-sanctioned athletic activity.
- If the condition is for an injury that occurred from a non-supervised athletic activity, then the Illness Referral Form will be used and marked at the top that this is a **"Non-SIUE Department of Intercollegiate Athletics Authorized Expense."**
- The referral form will be sent with the student-athlete with the student-athlete's insurance information and physician's prescription (if applicable) attached.
- The student-athlete will return with form indicating the physician's diagnosis and treatment orders.

The physician's rehabilitation orders, in most cases, can be carried out by the certified athletic trainers at SIUE. Following an injury, it is the responsibility of the team or personal physician to clear the student-athlete before the athlete will be allowed to return to official practice or competition.

Rehabilitation Procedures

In most cases, the student-athlete's rehabilitation orders can be carried out by the certified athletic trainers at SIUE. However, there are times when it may be necessary for a student-athlete to utilize an outside or out-of-town rehabilitation facility. Such cases include winter or summer breaks or the need for specialized rehab (i.e., hand rehab after hand surgery). In such situations, permission must be granted in advance from a full-time SIUE sports medicine staff member. **If a student-athlete decides to utilize rehabilitation services without the prior written authorization from the full-time member of the SIUE sports medicine staff, the student-athlete and/or the student-athlete's parent(s)/guardian(s) will be financially responsible for any and all medical expenses incurred.**

Missed Doctor's Appointment Policy

Student-athletes who are late and/or fail to show up for a scheduled appointment with the team physician, medical consultants, and/or diagnostic tests/procedures will be financially responsible for any and all charges resulting from the missed appointment. In addition, the student-athlete may be responsible for rescheduling the appointment and providing his or her own transportation.

Privacy Policy

Southern Illinois University Edwardsville follows the guidelines established by the 1996 Health Insurance Portability and Accountability Act (HIPAA) and the 1974 Family Educational Rights and Privacy Act (FERPA). Any medical information that needs to be shared with health care providers, coaches, and insurance companies is released only after the athlete (or parents if athlete is a minor) has signed a written authorization allowing the release. The student-athlete has a right to limit what information is shared and with whom this information is shared and has the right to revoke at any time any authorizations—provided the revocation is in writing. The sports medicine staff will not release any information to the media or general public as to the condition, availability, or extent of any injury.

Injury Protocols

The protocol for a serious injury to a student-athlete occurring on campus is as follows: The SIUE athletic trainer on duty will assess any injuries that occur at the contest or practice. The care of the student-athlete is our first priority. If the injury is assessed to be serious enough to warrant immediate treatment at an emergency room, the injured athlete will be transported by ambulance. In situations where transportation by ambulance is not warranted, a member of the athletic trainer staff will accompany the student-athlete to the hospital/urgent care facility and assist with dispensation of information to the medical staff. After care has been secured for the student-athlete, the athletic trainer or a coach will obtain consent from the student-athlete to inform the parents as to the nature and extent of the injury and location of the athlete. An athletics department staff member will remain with the student-athlete until his or her condition warrants release or other arrangements have been made.

The protocol for a serious injury to a student-athlete occurring off campus is as follows: An SIUE athletic trainer traveling with the team will assess the severity of the injury. If the team is traveling without an SIUE athletic trainer, the host athletic trainer will make the assessment and make a recommendation to the coaching staff. In the case of a severe injury needing medical care at a hospital, the student-athlete will be transported to the hospital by ambulance. In situations where transportation by ambulance is not warranted, a member of the athletic training staff or coaching staff will accompany the student-athlete to the hospital with insurance information to provide a communication link. After care has been secured for the student-athlete, the athletic department staff member will obtain consent from the student-athlete to inform the parents as to the nature and extent of an injury and location of the athlete. The staff member will remain with the student-athlete until his or her condition warrants release or other arrangements are made. Upon the student-athlete's return to campus, a member of the SIUE Sports Medicine Staff should be notified and will make arrangements to follow up with the student-athlete and make any necessary referrals. Should the student-athlete's condition warrant remaining in the hospital, a member of the athletic department's full-time staff will make the necessary arrangements to allow for the return of the student-athlete and the staff member remaining behind with the injured student-athlete.

Insurance Coverage

The insurance coverage the SIUE Department of Intercollegiate Athletics carries on student-athletes should pay most of the out-of-pocket expenses incurred at the usual and customary rate—provided the primary insurance carrier's rules are followed. However, this coverage is limited to **athletic injuries only**. Our coverage is a **secondary accident policy** and does not cover:

- Preexisting conditions of a chronic nature that occurred prior to participation in intercollegiate athletics at SIUE
- Injuries that occurred as a result of activities other than supervised intercollegiate athletics (i.e., auto accident, intramural, etc.)
- Routing illness (i.e., flu, colds, appendicitis)

The insurance coverage will cover at the usual and customary rate and will utilize discounts provided by the student-athlete's primary insurance.

All student-athletes should consider coverage under some type of individual health insurance before beginning school. Any insurance that covers the student-athlete's insurance should cover athletic-related injuries and/or illnesses and shall be considered the primary insurance coverage for all athletic-related injuries. The student-athlete and the parents must complete the Parent Insurance Information Form and supply on a yearly basis a photocopy (front and back) of any health insurance cards that cover the student-athlete.

The SIUE insurance program will pay for the excess of the necessary medical treatment up to the usual and customary limits for such expenses incurred within 104 weeks (2 years) from the initial date of the injury or accident. The first documented visit to a medical provider must occur within 30 calendar days of the initial date of the injury/accident.

It is the responsibility of the student-athlete and his or her parent(s)/guardian(s) to understand the conditions that apply to their policy and comply with any requests for information from the primary insurance company. Any delinquent bills resulting in bad credit due to noncompliance with insurance company requests may be the responsibility of the student-athlete and/or his or her parent(s)/guardian(s). In the event that a student-athlete and/or his or her parent(s)/guardian(s) receive payment/reimbursement directly from their insurance company for athletic-related injury or illness claims, the full account balance becomes the responsibility of the student-athlete and/or his or her parent(s)/guardian(s) until payment is turned over to the provider.

***** IMPORTANT NOTE *****

If your primary family coverage is through an **HMO** (health maintenance organization) or a **PPO** (preferred provider organization), you must follow the procedures required by the plan in order for the SIUE insurance to satisfactorily complete its portion of the claim. This is especially important if the plan requires preauthorization to have your athlete treated out of the service area. We suggest that you and your student-athlete become very familiar with the type of plan under which he or she is covered and the rules that need to be followed when seeking medical attention. The athlete will need all necessary phone numbers and policy numbers should medical attention be required while away from home.

Any changes to a health insurance policy or status of a student-athlete must be reported to the SIUE athletic training staff as soon as they occur. If proper notification is not received, the SIUE Department of Intercollegiate Athletics is not responsible for any delays in payment, collection notices, or negative reflection on credit reports that may occur.

Insurance Claims Procedure

All medical bills for injuries incurred by a student-athlete as a result of an accident in the intercollegiate athletic program should be sent directly to your address or to your medical insurance company. In some cases, SIUE will get a copy of the bill. In no instance should SIUE or the athletic department be the primary place for the bill to be sent by the medical provider. Bills not received in a timely manner may be the responsibility of the student-athlete and/or the student-athlete's parent(s)/guardian(s). The SIUE Department of Intercollegiate Athletics will not be responsible for any delays in payment, collection notices, or negative reflections on credit reports that may occur when bills are not submitted in a timely manner.

When the primary or family insurance company receives a claim, the company will:

1. Honor the claim and pay all or a portion of the bill, or
2. Not honor the claim and send a letter of denial (i.e., student-athlete is no longer covered due to an age restriction).

Any balance remaining after payment has been made by your primary, family, or employer group insurance should be submitted to the Head Athletic Trainer. The insurance company should send you an Explanation of Benefits (EOB) indicating amounts paid toward the claim. Please forward the EOB and the itemized bill (the Health Care Financing Administration form (HCFA 1500) from individual providers or the Uniform Bill form (UB 92) from the hospital) directly to the Athletic Trainer.

If the claim has been rejected, you should receive a letter of denial from your insurance company. Forward the letter of denial and the itemized bill to the Athletic Trainer. If coverage is not available for your son or daughter, a letter from you may be necessary.

Once your EOB form and itemized statement are received, your claim will be submitted promptly to the department's secondary insurance carrier for consideration. Should additional information be needed, please respond promptly.

Correspondence may be mailed to:

Gerry Schlemmer
Athletic Trainer
SIUE Intercollegiate Athletics
Campus Box 1129
Edwardsville, IL 62026

The fax number is (618) 650-3369

Exclusions and Limitations

The secondary medical insurance policy will not apply to situations indicated below. This list is not all inclusive.

1. Injuries/illnesses which are not a direct result of intercollegiate athletics participation during the dates of the primary competitive season and designated off-seasons as approved by the Director of Athletics according to NCAA regulations.
2. Experimental procedures.
3. Cosmetic surgery or procedures unless directly related to an athletics-related injury.
4. Injuries/illnesses which are a result of intramural, club sport, or recreational activities (non-intercollegiate activities) as well as training/conditioning activities that occur outside of the primary competitive season and designated off-season periods.
5. Injuries/illnesses which are recurrences of old injuries/illnesses sustained before participation in the intercollegiate sports program.
6. Expenses for athletic injuries incurred after completion of the student-athlete's intercollegiate athletic eligibility.
7. Medical expenses beyond the limitations and exclusions of, or not covered by, the SIUE Department of Intercollegiate Athletics insurance policy.

The importance of having some form of personal health insurance coverage cannot be overemphasized. Medical bills resulting from the aforementioned activities will be submitted to the student-athlete's primary medical insurance. **Any unpaid balances are the responsibility of the student-athlete and/or the student-athlete's parent(s)/guardian(s).**

International Student-Athletes

In order to enroll in classes at any United States college or university, international students must prove they have insurance that complies with standards set by the federal government. Insurance requirements will vary depending under what status the student qualifies. International Student Services and Student Health Services can assist the student-athlete with all insurance inquiries.

Questions

If you have additional questions or concerns, please feel free to contact Gerry Schlemmer at (618) 650-2883 or by e-mail at gschlem@siue.edu.

Please keep this as your source of reference information for policies regarding insurance coverage.

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
Department of Intercollegiate Athletics
Sports Medicine

Acknowledgement of Medical Policies and Insurance Coverage Information

I have received and read a copy of the Department of Intercollegiate Athletics Medical Policies and Insurance Coverage Information. I understand that these policies and procedures will be followed.

I agree to notify and provide the new insurance information to the sports medicine office of the Department of Intercollegiate Athletics should my primary insurance coverage change during the course of the year.

Student-Athlete's Signature

Date

Parent/Guardian Signature

Date

This form must be signed and returned to the Athletic Training Room (VC 2201) before the student-athlete will be allowed to practice.

Please sign and return this form to:

SIUE Sports Medicine
Department of Intercollegiate Athletics
Campus Box 1129
Edwardsville, IL 62026

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
 Department of Intercollegiate Athletics
 Sports Medicine

Office Use Only

HMO (In Area) HMO (Out of Area)

PPO Coverage No Insurance

Date _____ Reviewed _____

Parent Insurance Information Form (2011-2012)

IMPORTANT: This form must be returned with a copy (front and back) of all insurance cards to the athletic training staff before any student-athlete can participate or practice in his or her sport. Complete all blanks with the required information or place an N/A if not applicable.

*Please print clearly in **BLUE INK** or **BLACK INK** only. Pencil is **NOT** acceptable. Initial any changes.*

Failure to complete every line could result in the loss of your athletic insurance coverage.

NAME OF STUDENT-ATHLETE Last		First	MI	YEAR IN SCHOOL F So Jr Sr		SPORT(S)		DATE OF BIRTH	
LOCAL OR COLLEGE ADDRESS			CITY		STATE	ZIP CODE	LOCAL OR CELLULAR PHONE (include area code)		
PERMANENT HOME ADDRESS					HOME PHONE (include area code)				
CITY		STATE	ZIP CODE		STUDENT-ATHLETE'S SOCIAL SECURITY NUMBER		STUDENT-ATHLETE'S UNIVERSITY ID NUMBER		
FATHER or GUARDIAN NAME					MOTHER or GUARDIAN NAME				
HOME ADDRESS					HOME ADDRESS				
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE	
DAY TELEPHONE (include area code)		NIGHT TELEPHONE (include area code)			DAY TELEPHONE (include area code)		NIGHT TELEPHONE (include area code)		
EMPLOYER'S NAME		ADDRESS			EMPLOYER'S NAME		ADDRESS		
ALTERNATE EMERGENCY CONTACT NAME		RELATIONSHIP			DAY TELEPHONE (include area code)		NIGHT TELEPHONE (include area code)		
Is student-athlete covered under a medical/health insurance plan? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the student-athlete is NOT covered by any insurance plan, please skip this section. If the student-athlete is covered by more than one policy, put the primary insurance below and list the secondary on the back of this sheet.</i>									
Is the insurance provided through the parent(s) or guardian(s) workplace? <input type="checkbox"/> YES <input type="checkbox"/> NO									
MEDICAL INSURANCE COMPANY NAME OR PLAN NAME					Is the medical plan that covers the athlete considered one of these managed care plans? <input type="checkbox"/> HMO (Health Maintenance Organization) <input type="checkbox"/> PPO (Preferred Provider Organization)				
MEDICAL INSURANCE COMPANY ADDRESS					CITY		STATE	ZIP CODE	
POLICY OR IDENTIFICATION NUMBER		GROUP NUMBER			INSURANCE COMPANY PHONE NUMBER (include area code)				
NAME OF POLICY HOLDER (i.e., PARENT'S NAME)			LAST 4 DIGITS OF POLICY HOLDER'S SOCIAL SECURITY NUMBER			POLICY HOLDER'S BIRTHDATE			
Does your insurance or plan require a second opinion before surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Is the student-athlete covered by dental insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO									
DENTAL INSURANCE COMPANY			ADDRESS				POLICY NUMBER		
I hereby give authorization to the SIUE athletic training staff, the accident insurance carrier, and the risk management staff of Southern Illinois University Edwardsville to inspect and/or secure copies of case history records, laboratory reports, diagnoses, x-rays, itemized bills, explanations of insurance benefits, and other coverage data related to athletic injuries sustained while at Southern Illinois University Edwardsville. A photocopy of this authorization shall be deemed effective and valid as the original. I authorize the University or its insurance agents to pay the medical vendors directly for any bills incurred from accidents that are covered under the coverage purchased by the University for athletic participation.									
I further give authorization to the SIUE athletic training staff to share the information contained on this form with the student health center, the University's medical providers and consultants, as well as the coaching staff for emergency information and billing purposes. I understand that any or all of this authorization may be revoked by me at any time by doing so in writing.									
STUDENT-ATHLETE'S SIGNATURE					PARENT SIGNATURE				

NOTE: A parent must sign this form if the insurance that covers the student-athlete is provided through a parent or parents. If you have secondary insurance for the student-athlete please write it on the back of the form. Please include a copy of that insurance card (front and back) as well.

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
 Department of Intercollegiate Athletics
 Sports Medicine

Returning Student-Athlete Medical Update Form

Name _____ Year in School _____ Date of Birth _____ Sport(s) _____

Student ID# _____ Student-Athlete's Cell Phone _____

*Please print clearly in **BLUE INK** or **BLACK INK** only. Pencil is **NOT** acceptable. Initial any changes.*

Your answers to the following questions should be based on the end of the last sports season/school year. Have you:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Had a serious injury or been hospitalized? Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had an unfavorable or allergic reaction to a drug, antibiotic, and/or medicine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Had a sprain, strain, or fracture? Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had a dental injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Had a concussion and/or head injury? Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Do you have any allergies?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Had a period of unconsciousness for any reason other than anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have you been taking medications for pain or a medical condition on a regular basis (more than 3 days a week)? Please list.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Had a neck injury? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Had any ongoing or chronic illnesses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Had a back injury or suffered from back pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Have you had frequent headaches?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Had any burners, stingers, numbness in neck, shoulder, and/or hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have you experienced coughing, wheezing, shortness of breath, or breathing difficulties during or after exercise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Had a shoulder, elbow, wrist, and/or hand injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Do you have any ongoing or chronic illnesses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Had a hip and/or knee injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Had an operation? What type? When?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Had a lower leg, ankle, and/or foot injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Do you wear contact lenses, glasses, and/or safety glasses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Had to miss a practice and/or game due to an injury and/or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Had a history of anorexia, bulimia (forced vomiting), and/or any other eating disorder?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Are you currently undergoing physical therapy or rehabilitation for an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Require any special equipment to participate in athletics? What?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Been diagnosed with any new medical or surgical problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30. Have you been told by a physician to restrict your activity or not to participate in sport?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. While exercising, has your heart ever skipped a beat, have you suffered from a racing heart, severe chest pain, lightheadedness, or fainted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	31. Had a heat-related illness event (heat cramps, heat exhaustion, and/or heat stroke) and/or missed time, received special attention (IV fluids, etc.) for a heat-related problem?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Been diagnosed with any <u>new</u> injuries and/or medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. Do you take vitamins, amino acids, creatine, and/or any other dietary supplement on a daily basis and/or as needed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Been evaluated or seen by a physician other than one of the team physicians or one of the physicians at Health Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Been recently diagnosed with infectious mononucleosis ("mono"), hepatitis B or C, HIV/AIDS, and/or any other severe infectious disease or viral infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Felt dizzy, passed out, or blacked out during or after exercising?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Been denied clearance by a medical professional to participate in any athletic activity?

<p>FEMALE STUDENT-ATHLETES ONLY</p> <p>When did your last menstrual period begin? _____</p> <p>How long does your menstrual period usually last? _____</p> <p>How many menstrual periods have you had in the last 12 months? _____</p> <p>Do you take birth control pills? If so, which one(s)? _____</p> <p>Do you take pain medication? If so, which one(s)? _____</p> <p>Has your weight changed significantly in the last 12 months? _____ What is your ideal weight? _____</p>
--

Clarification of Answers

If you answered yes to any of the questions listed above, please explain: _____
