



PRE-PARTICIPATION PHYSICAL EXAMINATION
MEDICAL PACKET

Student-Athletes and Parent/Guardians:

Please complete ALL forms in this packet and mail to:

SMU Sports Medicine
Attention: Kelli Clay
5800 Ownby Drive
P.O. Box 750315
Dallas, TX 75275-0315

OR BRING THE PACKET WITH YOU TO YOUR PHYSICAL EXAM!

Electronic/scanned forms WILL NOT be accepted.

Please be sure that **ALL** parent/guardian signatures are fully signed.

Please include a copy of the front and back of your health insurance cards, including any prescription, dental, or vision insurance cards.

Incomplete packets and unsigned forms **WILL NOT** be accepted. All incoming student-athletes will not be allowed to participate until **ALL FORMS** are completed with the appropriate signatures.

If you have any questions, please contact Kelli Clay at kellie@smu.edu or (214) 768-2312.

SMU ATHLETIC DEPARTMENT MEDICAL INSURANCE INFORMATION FORM

The following information and authorization must be completed, signed and returned prior to your son/daughter participating in SMU athletics, to: Mike Morton, Director of Sports Medicine; 5800 Ownby Dr., Dallas, TX 75275-0315

Health Insurance

Athlete Name _____ Sport _____ Circle: M or F

SS # _____ Date of Birth _____

Primary Policy Holder _____ Insurance Co. Name _____

Claims Address _____

Claims Phone # _____ Member ID # _____ Group # _____

Effective Date _____ Deductible _____ Co-Pay _____

Policy Holder's Employer _____

Address of Employer _____

Does the policy cover athletic related injuries? Circle: Yes or No

Is your son/daughter covered by the above policy? Circle: Yes or No

Does your son/daughter have a prescription plan? Circle: Yes or No

Prescription Plan Name (if different from above) _____

BIN # _____ Member # _____

Dental Insurance

Insurance Company Name _____

Name of Primary Policy Holder _____ Policy # _____

Claims Address _____

Claims Phone # _____

Is your son/daughter covered by the above policy? Circle: Yes or No

Parent Information

Father's Name _____ Date of Birth _____

Father's Address _____

Home Phone # _____ Work Phone # _____

SS # _____ Employer _____

Mother's Name _____ Date of Birth _____

Mother's Address _____

Home Phone # _____ Work Phone # _____

SS # _____ Employer _____

Authorization

- I hereby authorize a claim to be filed on my behalf under the above insurance policies in the event an athletic injury is sustained by my son/daughter.
I hereby authorize Southern Methodist University Athletic Department to release the above information as well as release any medical information needed to process a claim in their behalf for my son/daughter's medical expenses with my insurance company.
I hereby authorize the payment of medical benefits, by my insurance company, be made to the physicians or supplier for services rendered.
A photocopy of this authorization shall be considered as effective and valid as the original.

Parent/Guardian Signature _____ Date _____

Please enclose a copy of the front and back of your health insurance card, prescription card, and dental card.

SMU Student-Athlete Information Form

Name: _____ Date: _____

Year (Circle): FR SO JU SN 5thYr E-mail Address: _____

Gender: ____ SSN: _____ DOB: _____ Student ID#: _____

Dorm & Room # or Apt. Address:

Permanent Address:

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Cell Phone #: _____

Campus #: _____

Parent or guardians' address:
(If different from Permanent Address)

Parent or guardians' phone #:

City: _____

State: _____ Zip: _____

Father's Name:

Work Phone:

Cell Phone:

Mother's Name:

Work Phone:

Cell Phone:

In case of emergency, please contact (other than parent, ex. Grandparent, uncle, etc.)

Name: _____ Relationship: _____

Phone #: _____

Please list all allergies: _____

Please list all current medications: _____

**Southern Methodist University
Department of Athletics
Athletic Training Room
NOTICE OF PRIVACY PRACTICES**

This notice describes how your personal healthcare information may be disclosed or used as required by Federal regulations. Please read this notice carefully. If you have questions please contact the Privacy Officer. Southern Methodist University is required to abide by the terms of this Notice of Privacy Practices.

Southern Methodist University has taken reasonable steps to safeguard the privacy and confidentiality of your Protected Health Information (PHI). The staff will usually use your health information ONLY for the intended purpose of assisting in treatment, payment, or operation (TPO).

1. Uses and Disclosures of Protected Health Information for TPO

SMU Department of Athletics-Athletic Training Room may need to access your protected health information for purposes of treatment, payment, and operations (TPO) in accordance with state and federal law.

- **Using and disclosing information for treatment purposes**
To maintain quality healthcare, it may be necessary to share protected health information with members of your treatment team. This may involve employees in the SMU Department of Athletics-Athletic Training Room.
- **Using and disclosing information for payment purposes**
Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to, eligibility, benefit determination, and utilization review. It will also be necessary for our internal accounting personnel to have access to some protected health information, such as benefit payment check reconciliation, to carry out their job functions.
- **Using and disclosing information for operations purposes**
Necessary information will be shared for the continuing operation of the SMU Department of Athletics-Athletic Training Room Health Plans. Some examples include, but are not limited to, compliance with all federal and state laws.

2. Other Uses and Disclosures without your Consent

The following are situations where the SMU Department of Athletics-Athletic Training Room may use or disclose your protected health information without your consent:

- Uses and disclosures of protected health information (PHI) as required by laws, court orders, a legal process, or government agencies.
- Uses and disclosures of PHI for matters of public health for the purpose of controlling disease as dictated by law.
- Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.

- Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect.

3. Specific Consent Required for Other Uses and Disclosures

Other uses and disclosures of your protected health information will only be made with your written consent. This consent will only allow the use of disclosure of the specific information detailed on the consent form.

4. Patient Privacy Rights effective April 14, 2003

- In general you will have the right to review and copy your protected health information as well as amend incorrect information in your records. Some exceptions include, but are not limited to: psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding.
- You have the right to request a restriction of the disclosure of your protected health information for treatment, payment, or operations. The SMU Department of Athletics-Athletic Training Room is not required to agree to the request, but will do so at our discretion.
- You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.
- You have the right to request an accounting of the disclosures made of your protected health information by the SMU Department of Athletics-Athletic Training Room (after April 14, 2003). This only applies to disclosures made for purposes other than treatment, payment, or operations or as allowed by FERPA.

5. Privacy Officer and Complaints

You may contact the Manger of Benefits and Records if you have concerns with the privacy and confidentiality of your protected health information in accordance with state and federal law. Any complaints or issues you have should be in writing and directed to:

Mr. Mike Morton
SMU Department of Athletics
Athletic Training Room
P.O. Box 750315
Dallas, TX 75275-0315

Student-Athlete Signature: _____ Date: _____

Printed Name: _____

HEALTH HISTORY

Name: _____ Sport: _____ Date: _____

INSTRUCTIONS:

1. This form is for your benefit; you must disclose all injuries or problems whether you consider it to have been serious or minor. Please answer ALL questions!
2. Every number checked "yes" should be fully explained on the back of this sheet; dates, procedures, hospitalizations, and doctor's names are important.

HAVE YOU EVER HAD OR CURRENTLY HAVE:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
1. Scarlet Fever, Erysipelas?			18. Excessive Drinking Habit?		
2. Diphtheria?			19. Tumor, Growth, Cyst, Cancer?		
3. Rheumatic Fever?			20. Appendicitis?		
4. Mumps?			21. Hemorrhoids or rectal disease?		
5. Whooping Cough?			22. Frequent or Painful Urination?		
6. Measles?			23. Kidney Stones?		
7. Frequent or Severe Headaches?			24. Skin Trouble?		
8. Eye, Ear, Nose, or Throat Trouble?			25. Sexually Transmitted Disease?		
9. Severe Tooth or Gum Trouble?			26. Bone, Joint, or Other Deformity?		
10. Sinusitis?			27. Car, Train, Sea, Air Sickness?		
11. Tuberculosis?			28. Loss of Memory or Amnesia?		
12. Asthma?			29. Any Drug or Narcotic Habit?		
13. Chronic Cough?			30. Mononucleosis?		
14. Frequent Indigestion?			31. Gout?		
15. Intestinal, Liver Trouble?			32. Diabetes?		
16. Gall Bladder Trouble, Gallstones?			33. Tonsillitis?		
17. Stomach Trouble (Ulcers?)			34. Pneumonia?		

HAVE YOU EVER:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
35. Worn Glasses or Contacts?			40. Applied For or Collected Workman's Compensation?		
36. Worn Hearing Aids?			41. Been Rejected for Military Service because of Physical, Mental, or Other Reasons?		
37. Coughed Up Blood?			42. Been Discharged from Military Service because of Physical, Mental, or Other Reasons?		
38. Bled Excessively After Tooth Extraction?			43. Entered Litigation or Claimed Damage because of Injury to or effect on your health?		
39. Been Denied Life Insurance?					

OTHER MEDICAL ILLNESSES: _____

HAVE YOU BEEN ADVISED TO HAVE OR HAVE YOU HAD ANY SURGERIES: _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING: _____

LIST ANY KNOWN DRUG/FOOD ALLERGIES: _____

HAVE YOU EVER BEEN DIAGNOSED WITH A HEART MURMUR? Circle: YES or NO

IF YES, WHAT TESTS WERE PERFORMED? _____

EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS WITH EXERCISE?
(IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, PLEASE EXPLAIN)

-CHEST PAIN – Circle: YES or NO

- SHORTNESS OF BREATH – Circle: YES or NO

- DIZZINESS – Circle: YES or NO

- FAINTING – Circle: YES or NO

HAS ANY FAMILY MEMBER EVER DIED OF HEART PROBLEMS OR UNEXPLAINED REASONS
BEFORE THE AGE OF 50? Circle: YES or NO

HAVE YOU EVER HAD A CONCUSSION? Circle: YES or NO

IF YES, WHEN? _____

HAVE YOU EVER HAD A SEIZURE? Circle: YES or NO

IF YES, WHEN? _____

DO YOU HAVE NONFUNCTIONING OR ARE YOU MISSING ANY OF THE PAIRED ORGANS
(ex. Kidney, Eye, Testicle?) Circle: YES or NO

HAVE YOU EVER BEEN TESTED FOR OR SUSPECTED OF HAVING AN EATING DISORDER?

Circle: YES or NO

FAMILY HISTORY OF (please circle YES or NO):

1. HYPERTENSION? YES or NO

2. DIABETES MELLITUS? YES or NO

3. DEPRESSION? YES or NO

4. THYROID DISEASE? YES or NO

5. SICKLE CELL TRAIT? YES or NO

6. OTHER: _____

7. HEART DISEASE OR ANY OTHER CARDIAC CONDITIONS? YES or NO

I certify that I have made full and complete written disclosure of all past and present injuries or problems as required.

Print Name: _____ Signature: _____ Date: _____

**SMU STUDENT-ATHLETE
ORTHOPEDIC EXAMINATION**

Name: _____

Date: _____

Sport: _____

Year: _____

Directions: Please proceed through each body part section and circle "Y" or "N" if you have ever injured the following body part. Please circle "L" or "R" if applicable. If checked "Yes", please describe in space provided. Leave the "Dr.'s Exam" section blank.

Neck

History of Injury: Y or N	Description:
Dr.'s Exam	

Spine/Back

History of Injury: Y or N	Description: Circle: L or R
Dr.'s Exam	

Shoulder

History of Injury: Y or N	Description: Circle: L or R
Dr.'s Exam	

Elbow

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Wrist

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Hand/Fingers

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Hip/Thigh

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Knee/Lower Leg

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Ankle

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Foot/Toes

History of Injury: Y or N Description: Circle: L or R

Dr.'s Exam

Physician Comments: _____

Please check one:

Cleared _____

Not Cleared _____

Recommendations: _____

Physician's Name (Print): _____ Signature: _____

FEMALE HEALTH HISTORY FORM

Name: _____

Date: _____

Sport: _____

1. Are you currently taking any prescription or non-prescription medications?
Yes_____ No_____
2. Have you ever taken any vitamins or supplements to help you gain or lose weight or improve your performance?
Yes_____ No_____
3. Do you want to weigh more or less than you do now?
Yes_____ No_____
4. Do you try to lose weight regularly?
Yes_____ No_____
5. Have you ever been diagnosed with or felt you had an eating disorder?
Yes_____ No_____
6. When was your first period? _____
7. When was your most recent period? _____
8. How much time do you normally have between periods? _____
9. How many periods have you had in the last year? _____
10. What was the longest time between periods in the last year? _____
11. Have your periods ever stopped for any length of time?
Yes_____ No_____

Please explain all "yes" answers below:

SMU STUDENT-ATHLETE POLICIES AND PROCEDURES

HEALTH CARE

The student-athlete is responsible for reporting all injuries to the certified athletic trainer assigned to their specific sport as soon as possible. Once the injury has been evaluated, the staff athletic trainer will provide the student-athlete with an injury/illness management plan, outlining treatment/rehabilitation times, course of action during treatments as well as while off-campus, physician referral (if necessary), etc. It will be the responsibility of the student-athlete to strictly comply with the management plan, including attending all treatment and/or rehabilitation sessions and all physician and/or specialist appointments. Any questions or clarifications regarding the management plan, treatment/rehab times, etc. should be brought to the attention of the staff athletic trainer immediately. Failure to attend a scheduled treatment, rehabilitation session, physician/specialist appointment will be reported to the team coaching staff and sport administrator as a failure to comply with the management plan and may jeopardize future scholarship opportunities with the SMU Athletic Department. An athlete who goes to a physician on his/her own or is sent by a coach without the knowledge and consent of the sports medicine staff will be responsible for all medical bills.

The SMU Sports Medicine Department is only responsible for managing the care of student-athletes that have injuries and illnesses resulting from participation in SMU athletics. For athletic-related injuries, it is the policy of the SMU Athletic Department to initially rely upon the parents' insurance for the payment of any bills resulting from injury while under the athletic department's supervision. The department will then pay for all costs over and above the coverage offered by the policy of the student-athlete's parents.

SMU does not pay for any health care expenses which are not the direct result of an injury incurred while participating in intercollegiate athletics.

PRESCRIPTION MEDICATION

The SMU Sports Medicine Department utilizes the SMU Health Center Pharmacy for all its pharmaceutical needs. Prescriptions that are ordered from a SMU team physician must be filled at the SMU pharmacy unless otherwise approved by a staff athletic trainer. Student-athletes that attend a physician's appointment at the health center and/or fill a prescription at the health center pharmacy without the permission of an SMU Sports Medicine staff member will be responsible for all charges and fees.

Please note: Student-athletes may make a formal request to their assigned staff athletic trainer for the SMU Sports Medicine Department to provide medications that are required for a student-athlete to participate in their full capacity during their competitive season and/or during mandatory workouts. These prescriptions will not be provided during any academic or summer breaks. The SMU Sports Medicine Department will not pay for any mental health medication including anti-depression, anti-anxiety, and/or ADHD medication nor cover any acne medication.

Formal appeals to this policy may be made with the Director of Sports Medicine.

DENTAL CARE

Southern Methodist University Athletics Department's medical insurance program will assume financial responsibility for any dental injury resulting from the direct participation in the intercollegiate athletics program as approved by the Director of Athletics. As with other injuries, this insurance is SECONDARY to, or in excess of, personal family medical/dental insurance coverage.

Student-athletes will be responsible for all other dental work during their athletic career, including cavities, wisdom teeth extraction, cleanings, etc.

EYE CARE

The SMU Athletic Department provides eye exams and contacts or glasses to those student-athletes that are in need of eye care. Charges incurred for any eye care outside of the SMU Athletic Department will not be reimbursed. Appointments must be scheduled by a staff athletic trainer; student-athletes are not allowed to schedule appointments and/or order contacts. If it is determined that a student-athlete needs some form of corrective lenses, SMU will be financially responsible for the following:

Contact Lenses: The Sports Medicine Department will provide an initial eye exam, contacts, and all follow-up eye examinations for student-athletes that need them during their tenure with SMU Athletics.

Glasses: The Sports Medicine Department will purchase glasses for any student-athlete that would rather have them over contacts. This is a one-time purchase during an athletic career worth a maximum of \$300 (unless the eye prescription changes.) If a student-athlete determines that they would like a set of frames and lenses that cost over \$300, they will be responsible for the difference.

By signing below, I acknowledge the following:

- **I give the SMU Sports Medicine Department permission to take the essential and appropriate medical steps when deemed necessary if I sustain an illness or injury, including the use of any modalities and/or resources. I understand that if I have questions or concerns with the use of any modality or resource that I may bring it to the attention of my staff athletic trainer at any time.**
- **I grant permission for the SMU Sports Medicine Department staff and/or insurance coordinator to contact my parents and/or guardian regarding the use of my primary insurance policy.**
- **I understand that although I may be medically cleared to participate, standard screening procedures may not be able to detect all underlying pathologic medical problems. Participating in competitive athletics may increase my risk for serious injury or illness.**
- **I have received and read the concussion handout from the SMU Sports Medicine Department. I acknowledge and accept the responsibility and risk that is associated with collegiate athletics which includes but is not limited to concussions. I acknowledge that it is my responsibility to be forthcoming in presenting any past history, and/or current signs and symptoms associated with a concussion, injury, and/or illness in an honest and accurate manner.**
- **I certify that I have made full and complete disclosure of all past and present injuries, illnesses, problems, and medications as required. I understand that failure to disclose this information may jeopardize my eligibility status as a student-athlete at SMU.**
- **As part of my commitment as an SMU student-athlete, I understand that if I sustain an injury by my participation in SMU Athletics, it is my responsibility to report this injury to my assigned athletic trainer as soon as possible. I acknowledge that it will be my responsibility to comply with the injury/illness management plan given to me by my staff athletic trainer and clarify any questions I may have. If I do not comply, I understand it will be reported to my coaching staff and staff administrator and ultimately may be jeopardize my future scholarship with the SMU Athletic Department.**
- **I have read and understand the statements above and will abide by the SMU Sports Medicine Department's Policies and Procedures. A complete copy of the SMU Sports Medicine Department Policies and Procedures Manual is available upon request.**

Student-Athlete Signature: _____ Print Name: _____

Date: _____ Student ID #: _____

If student-athlete is not over 18, parent or guardian must sign below:

Parent Signature: _____ Print Name: _____

Date: _____

SMU Sports Medicine

Student-Athlete Insurance Policies and Procedures

The SMU Sports Medicine Department provides some of the best injury prevention programs and medical care through its knowledgeable staff athletic trainers, team physicians, and specialists. Unfortunately, the risk of injury is a part of athletic participation and the sports medicine staff needs to be fully prepared in the event that an injury occurs.

When a student-athlete becomes ill or sustains an injury during a SMU-sanctioned athletic conditioning session, practice, or competition, the SMU Sports Medicine Team will determine the course of treatment and if necessary, refer the student-athlete to one of the team physicians or multitude of specialists. Any insurance claims that arise as the result of the injury/illness will be filed FIRST under the athlete's personal/family insurance.

The Southern Methodist University Athletics Department provides a medical and catastrophic insurance program that is SECONDARY to, or in excess of, personal family medical insurance coverage, causing no out-of-pocket expenses for the student-athlete and/or parent. Only injuries and illnesses that occur as a direct result of participation in intercollegiate athletic programs will be covered under this insurance policy. **SMU policy dictates that the SMU Athletic Department will not pay for an injury or illness that is not a direct result of a supervised practice, conditioning, or competition.** Injuries that are sustained while a student-athlete is participating in recreational or intramural activities either on or off campus will be the sole responsibility of the student-athlete.

Occasionally, student-athletes and/or parents will receive explanation of benefits, bills or reimbursement checks at their residence. All bills pertaining to an athletic-related injury should be sent to the address below as soon as they are received. In the event that a student-athlete and/or their parent/guardian receives payment and/or reimbursement directly from their insurance company for athletic-related injury/illness claims, ***the full account balance becomes the responsibility of the student-athlete and/or their parent / guardian, until payment is turned over to the provider.*** It is the student-athlete and their parent/ guardian's responsibility to understand the conditions that apply to their policy and comply with any requests for information, etc. from the primary insurance company. Any delinquent bills resulting in bad credit due to non-compliance with insurance company requests may be the responsibility of the student-athlete and/or his/her parent(s) / guardian(s).

The Southern Methodist University Sports Medicine Department must receive any changes to a primary health insurance policy as soon as they occur. New insurance information should be submitted to the student-athlete's team athletic trainer. If proper notification is not received, Southern Methodist University Athletics Department may not be responsible for any delays in payment, collections notices, credit reports, etc. that occur.

If you have any further questions, please contact:

Mike Morton, Director of Sports Medicine
SMU Sports Medicine Department
5800 Ownby Drive
PO Box 750315
Dallas, TX 75275-0315
(214) 768-1635
mimorton@smu.edu

Parent/Guardian initials: _____
Student-Athlete Initials: _____