Utah Valley University Athletics

Athletic Medical Clearance

Packet B - 2008-2009

(Please return to LeAnne Riggs 801-863-8653 at the Wolverine Service Center (WSC) located in the Northwest Corner of Campus by the Testing Center)

Be sure to fill in everything enclosed by a box

Name: ______ **Sport**: ______

Packet B must be filled out in its entirety in order for UVU student-athletes to be cleared for athletic practice and competition. **Parent/guardian signatures are required UNLESS the student has his or her own insurance policy and is over 18 years old**.

Part I – Medical Questionnaire……2

Part II – Shared Responsibility for Sport Safety……4

Part III – Pre-Existing Orthopedic Conditions……6

Part IV – Health Information Disclosure……7

Student **Parent/Guardian** *(Please Initial)*

[ ] [ ] **Part I**: I agree that all information in the Medical Questionnaire is accurate. I understand that any incorrect or undisclosed information may result in lapse or delay of coverage. I verify that the insurance policy covers intercollegiate athletics. I voluntarily self-disclose the medical and emergency contact information.

[ ] [ ] **Part II**: By initialing and signing below, I agree to all terms and conditions of the UVU Athletics Shared Responsibility for Sport Safety Form and agree that the information is accurate and complete.

[ ] [ ] **Part III**: By initialing and signing, I agree that the information in the Pre-Existing Orthopedic Conditions Form is accurate and complete and will not hold Utah Valley University responsible for any debts incurred by me for these conditions.

[ ] [ ] **Part IV**: I have read and signed the Student-Athlete Authorization/Consent for Disclosure of Protected Health Information to the NCAA.

[ ] Self/Spouse **[ ]** Parent/Guardian Who is the primary policy holder on your medical insurance?

By signing below I agree that all the information in this packet is correct. I agree to the terms outlined in the individual forms of this packet according to my initials above.

Student-Athlete Name: ______ **Signature**: ______ **Date**: ______

Parent/Guardian Name: ______ **Signature**: ______ **Date**: ______

Utah Valley University Athletics

Medical Questionnaire

Packet B - Part I of IV - 2008-2009

Student-Athlete Information

Last Name: First Name: Middle(Maiden) Name:

Sport: UV ID: Birth date:

Cell Phone: Local Phone: Home Phone:

Status: ☐ Returning (last attended :______________________) ☐ Transfer ☐ Fresh. ☐ Soph. ☐ Junior ☐ Senior

Walk On/Tryout: (Start Date) (End Date)

Home Address: City: State: Zip:

Local Address: City: State: Zip:

Email Address:

Insurance Information *

Student-Athlete is covered by: ☐ Own Policy ☐ Parent/Guardian Policy

Is the Student-Athlete covered by any additional policies? ☐ Yes* ☐ No (*Provide Information)

(*I understand that if my primary insurance **does not** meet the primary conditions of $500 deductible, 80%/20% co-insurance, and is good in Utah, I may be responsible for any denied/leftover payments or bills. If primary plan is contrary to secondary recommendations, please list: deductible_____________, co-insurance_______________, and state in which coverage is good__________________________.)

Attach a copy of insurance card (front and back) to this document.

Policy Holder Information

Policy Holder's Name: Date of Birth:

Policy Holder's Relationship to Student-Athlete:

Policy Holder's Address: City: State: Zip:

Policy Holder's Phone: (Home) (Cell) (Email)

Do you have medical insurance coverage through your employer? ☐ Yes ☐ No

Insurance Carrier: Policy #:

Group #: Member #:

Carrier's Address: City: State: Zip:

Carrier's Phone #: Carrier's Fax #:

Emergency Contact

Parent's Name: Email Address:

Phone: (Home) (Cell) (Work)

Guardian's Name: Email Address:

Phone: (Home) (Cell) (Work)

Medical Information

Regular Medication(s):

Allergies:

Health Concerns (diabetic, epileptic, etc.)

Hand Dominance (L or R): Throw Kick Shoot Hit

Have you ever been tested for a learning disability? [ ] Yes [ ] No

If yes, were you diagnosed with a learning disability? [ ] Yes [ ] No If yes, what learning disability?

If you have not been tested for a learning disability, would you like to be tested to find out if you have a learning disability?

[ ] Yes [ ] No

Signatures

I/We agree that all information provided in this document is accurate and completed to the best of my/our knowledge.

I/We understand that any incorrect or undisclosed information can result in duplicate payments, creating a substantial overpayment. The responsibility of overpayments will be the obligation of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

I voluntarily self-disclose the medical and emergency contact information.

Student-Athlete Print: **Date:**

Student-Athlete Signature: **Date**:

Parent or Policy Holder Print: **Date:**

Parent or Policy Holder Signature: **Date**:

☐ **<u>Attached a copy of insurance card (front and back) to this document.</u>**

Utah Valley University Athletics

Shared Responsibility for Sport Safety

Packet B – Part II of IV – 2008-2009

Name: ______________________ **Sport:** ______________________

Participation in sport requires an acceptance of the risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize such risk, and that their peers' participation in the sport will not intentionally inflict injury upon them.

Period analyses of injury patterns lead to refinements in the rules and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to enforce compliance with the rule book is as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guideline.

Health Questionnaire

This annual form must be completed and returned before the student-athlete will be permitted to practice or play. The National Collegiate Athletic Association policies recommend that all student-athletes have a qualifying medical evaluation upon initial entrance into an institution's intercollegiate athletic program and an annual "health-status" review. Utah Valley University supports this NCAA policy. Further medical evaluations may be required for specific matters.

Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge by circling your response. If you answer **YES,** please state why or how and when **(be specific!!).** Use the back of this form for additional space.

[ ] Yes [ ] No **1. Have you been hospitalized or had any major illness?**

[ ] Yes [ ] No **2. Are you currently ill in any way?**

[ ] Yes [ ] No **3. Have you had a major injury, including concussion?**

[ ] Yes [ ] No **4. Do you currently have any incompletely healed injury?**

[ ] Yes [ ] No **5. Are you taking any medication?**

[ ] Yes [ ] No **6. Do you know of or do you believe there is any health reason why you should not participate in Utah Valley University's athletic program at this time?**

[ ] Yes [ ] No **7. Has anyone in your family (grandparent, parent, brother, sister, aunt, uncle) died suddenly before the age of 50 years?**

[ ] Yes [ ] No **8. Have you ever passed out during exercise or stopped exercising because of dizziness?**

[ ] Yes [ ] No **9. Do you have asthma, wheezing, hay fever, or coughing spells after exercise?**

[ ] Yes [ ] No **10. Have you ever broken a bone, had to wear a cast, or had an injury to any joint?**

[ ] Yes [ ] No **11. Have you ever suffered a heat-related illness (heat stroke)?**

[ ] Yes [ ] No **12. Do you have a chronic illness or see a physician regularly for any problem?**

[ ] Yes [ ] No **13. Are you allergic to any medication, food, latex, or bee stings?**

[ ] Yes [ ] No **14. Do you have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries, etc.)?**

[ ] Yes [ ] No **15. Do you have anything you'd like to talk to a physician about?**

[ ] Yes [ ] No **16. Have you ever had a sports related surgery?**

[ ] Yes [ ] No **17. Have you ever had a major sport related medical problem?**

[ ] Yes [ ] No **18. Have you ever had a non-sport related surgery?**

[ ] Yes [ ] No **19. Do you have any major non-sport related medical problems?**

The Above Named, Herewith:

A. Certifies that the answers to the questions above are correct and true.

B. Self-discloses this information, realizing that it is encouraged but not required by UVU.

C. Understands that he/she must refrain from practice or play while ill or injured, whether or not receiving medical treatment until he/she is discharged from treatment or is given permission by clinical practitioner to restart participation despite treatment.

D. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the said time of examination.

E. Hereby authorizes the UVU Intercollegiate Athletic Department to provide the UVU Sports Medicine Department with any information requested and authorize the department any information concerning my health and athletic status as long as I am a varsity athlete.

F. Understands that his/her signature also authorizes the UVU Athletic Department to obtain any of my past medical records from hospitals and/or doctor's offices. A copy of this authorization shall be as valid as the original.

G. Understands that by conditioning, practicing, or competing in athletics he/she is at an increased risk for injury. It is further my understanding that it is entirely my responsibility to report any pain or injury to the trainer or physician of any current problem. If I do not, UVU will not be responsible for those injuries.

Signatures

Student-Athlete Print: ______________________ **Date:** ______________

Student-Athlete Signature: ______________________ **Date**: ______________

Utah Valley University Athletics

Pre-Existing Orthopedic Conditions

Packet B – Part III of IV – 2008-2009

Name: ______ **Sport**: ______

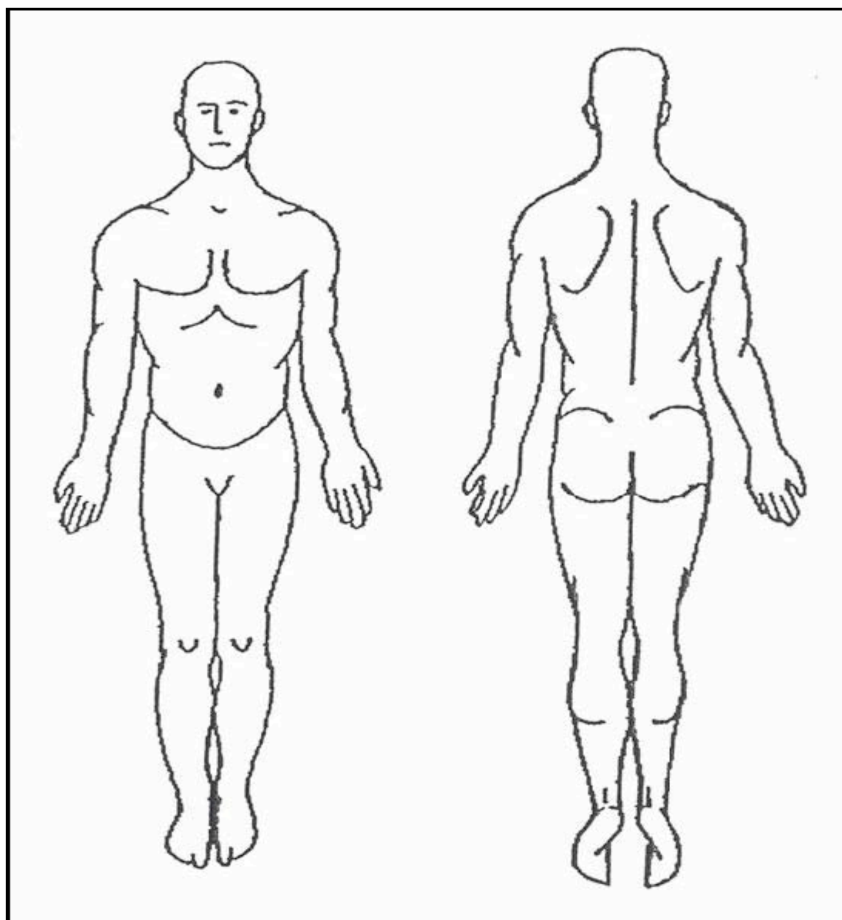
Please give a brief history (including dates) of any pre-existing or previous significant orthopedic conditions (examples: Right ACL tear 3/03, Left AC sprain 11/01, etc.). Also, please circle/date the injured body part on the figure below.

History: ______

______

______

Physician's Name: ______



I acknowledge that I have the above preexisting condition(s) and will not hold Utah Valley University responsible for any debts incurred by me for this condition. Further, I hereby self-disclose this information, realizing that it is encouraged but not required by UVU.

Student Signature: ______ **Date**: ______

Utah Valley University Athletics

Health Information Disclosure

Packet B - Part IV of IV - 2008-2009

Student-Athlete Authorization/Consent for Disclosure of Protected Health Information to the NCAA - 2007-08 HIPPA/Buckley Amendment Consent/Waiver Form

I, ______________________________ hereby authorize **Utah Valley University**
Name of Student-Athlete

and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness or participation related to my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA) and its employees or agents.

I understand that my participation and protected health information will be used by the NCAA's Injury Surveillance System (ISS), a longitudinal surveillance database maintained by the NCAA, for the purpose of monitoring injuries resulting from training for or participation in athletics. The ISS provides NCAA committees, athletic conferences and individual schools and NCAA-approved researchers with injury and participation information that does not identify individual athletes or schools. The data provide the Association and other groups with an information resource upon which to base and evaluate the effectiveness of health and safety rules and policy, and to study other sports medicine questions. Selected de-identified summary (aggregate) data also are made accessible to the general public as a service to further the general understanding of athletic injury patterns.

I understand that my injury/illness 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 my signing of this authorization/consent is voluntary and that my institution will not condition or withhold any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

I understand that while HIPAA regulations may not apply to the NCAA's use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that the protected health information and any personal identifiers will be encrypted while being transmitted from my institution to the NCAA and that all data will be stored on a secure server at the NCAA national office in Indianapolis, Indiana. I further understand that neither the NCAA nor the ISS will identify me personally in any publication or disclosure of research results.

This authorization/consent for transfer of protected health information expires 545 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletics director at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

Student-Athlete Print: ______________________________ **Sport**: ____________________

Student-Athlete Signature: ______________________________ **Date**: ____________________

HIPPA Release Authorization

Not withstanding the recent federal regulations concerning privacy with respect to medical records. And while interpretation still exists regarding “covered entities” as it relates to these matters, the following represents a release of authorization for sharing medical information.

By signing below, I understand the following conditions:
A. The authorization covers information about injury and illness that might incur during the course of the academic year.

B. The authorization is valid for one year only and will conclude at the end of the academic year unless the specific situation remains unresolved.

C. The authorization covers only those directly involved with my athletic participation including primary care physicians, team physicians, consulting physicians, emergency room physicians, athletic trainers, physical therapists, coaches, strength & conditioning staff and any others directly involved with issues affecting my general fitness to participate in intercollegiate athletics.

The above information will be given to only those directly involved in the care and treatment of any specific condition, to those responsible for rehabilitation or athletic related fitness and conditioning programs or to those responsible for decisions regarding actual participation in practice or game situation.

Any athlete has the right to revoke this authorization and by doing so cannot and will not be denied any required medical care. Participation in intercollegiate athletics is contingent upon the completion of this authorization however so choosing to revoke this authorization is a choice not to play.

By signing below, I attest that I have read the above statement, understand its intent, and grant release authority as outlined within.

Name: ________________ Sport: ________________

Signature: ________________ Date: ________________