Additional Information Regarding Required Pre-participation Forms

**Pre-Participation Medical History and Physical Evaluation Form (REQUIRED)**

- This must be **WPI form**, printed out and completed by a physician. Once it is completed, it can be uploaded to SportsWare in the attachments section.
- The “Pre-Participation Physical Evaluation” needs to be performed by a Board Certified Physician. Student-athletes who are **beginning their initial season of eligibility** (first years or transfers) are required to undergo this medical examination **within a six month period prior to their sport's start date**.
- The Medical History questionnaire provides us with relevant information about the student-athlete's medical history in regards to sports. Make sure to complete the form, sign, and explain any "yes" responses (include dates).

**PLEASE BE AWARE:** Physical forms from doctor's offices may or may not have all the appropriate testing performed. It is required that the WPI "pre-participation physical" form be used. The **physician signature and office stamp** ensures that your son/daughter was seen and cleared by the appropriate medical personnel. **Please be sure that this form is completed, signed, and dated by a physician.**

**Insurance Acknowledgement Requirement Form (REQUIRED)**

- **This form alerts student-athletes to the dangers of sports participation, give the Sports Medicine Team permission to treat the student-athlete's and provides us with proof of insurance coverage.**
- This form verifies that WPI student-athletes participating in intercollegiate athletics have the appropriate amount of medical coverage for athletic-related injuries mandated by the NCAA ($90,000).
- **WPI will assume no responsibilities whatsoever for the payment of, or authorization to pay, medical or dental expenses resulting from injuries that occur while participating in intercollegiate athletics at WPI.**
- This document must be signed by the parent or guardian who is the insurance card holder.
- Please maintain the first page for your records and upload the signed second page with the other forms.

**"Sickle Cell Trait Requirement form & waiver" (REQUIRED)**

There are 3 options to complete your Sickle cell trait requirement, but it is highly recommended for your health and safety that you confirm your Sickle Cell Trait status. If you choose to sign the waiver, you will be required to participate in additional educational material regarding the risks, impact, and precautions associated with sickle cell trait.
• **Option 1:** Have your primary care physician look up your sickle cell trait status and complete the sickle cell screening section of the Sickle Cell Trait form, and submit the test results. Upload form and results on SportsWare.

• **Option 2:** If sickle cell trait status was not tested at birth you can request a sickle cell screen blood test from the student-athlete’s primary care physician. If testing is not performed at home, the student-athlete can request testing at WPI Health Services. Results will be required prior to sport participation.

• **Option 3:** If the student-athlete and his/her parent/guardian do not desire sickle cell testing, the Sickle Cell trait testing Waiver portion of the sickle cell trait form must be signed. Additionally the student-athlete will be required to watch an educational video (15 minute video) regarding sickle cell trait.

Additional educational material is located on the WPI Sports Medicine Website.

"ADD/ADHD Medication exception form" (Submitted As Needed)

- This form is only needed if the student-athlete is prescribed medication to treat ADD/ADHD.
- This form will need to be printed and completed by a physician. Once completed the form must be uploaded to the attachments section of SportsWare.
- Further explanation about this form:

**NCAA Banned Drugs and Medical Exceptions Policy**

As of August 2009, the National Collegiate Athletic Association will be implementing a stricter application of the NCAA Medical Exception policy, specifically for the use of the banned stimulant medications to treat Attention Deficit Hyperactivity Disorder (ADHD). In order to apply for a medical exception for the use of ADHD medications, student-athletes will be required to submit additional information regarding their medication use and assessments.

The student-athlete’s documentation from the prescribing physician to the sports medicine staff should contain a **minimum** of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately (see Attachment for physician letter criteria):

a. Description of the evaluation process which identifies the assessment tools and procedures.
b. Statement of the Diagnosis, including when it was confirmed.
c. History of ADHD treatment (previous/ongoing).
d. Statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
e. Statement regarding follow-up and monitoring visits.

**Criteria for letter from prescribing Physician** to provide documentation to the Sports Medicine staff regarding assessment of student-athletes taking prescribed stimulants for
Attention Deficit Hyperactivity Disorder (ADHD), in support of an NCAA Medical Exception request for the use of a banned substance.

The following must be included in supporting documentation:
Student-athlete name.
Student-athlete date of birth.
Date of clinical evaluation.

Clinical evaluation components including:
o Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) – attach supporting documentation.
o ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores and report summary – attach supporting documentation.
o Blood pressure and pulse readings and comments.
o Note that alternative non-banned medications have been considered, and comments.
o Diagnosis.
o Medication(s) and dosage.
o Follow-up orders.

Additional ADHD evaluation components if available:
Report ADHD symptoms by other significant individual(s).
Psychological testing results.
Physical exam date and results.
Laboratory/testing results.
Summary of previous ADHD diagnosis.
Other comments.

Documentation from prescribing physician must also include the following:
Physician name (Printed)
Office address and contact information.
Specialty.
Physician signature and date.

Adapted from the NCAA guidelines to document ADHD treatment with banned stimulant medications.