Ferrum College
Sports Medicine
New Student-Athlete
Pre-Participation Paperwork

Revised May 2018
Dear Parent(s)/Guardian(s) and Ferrum College Athletes:

We are looking forward to the upcoming athletic seasons and hope you are as well. The sports medicine department here at Ferrum College is responsible for coordinating all medical coverage for each athletic team. This includes injury evaluation, rehabilitation, prevention, first aid, education, hydration, insurance, and injury tracking for all Ferrum College athletic teams. We have an orthopedic surgeon who serves as our team physician and will act as a primary liaison for athletic injuries. Any injury treated by the athletic training staff will be referred to our team physician or outside services as deemed necessary.

The purpose of this letter is to inform incoming student athletes of the Ferrum College’s Sports Medicine Department requirements for participation.

The following pages contain detailed instructions on how to complete the required paperwork. For a complete list of required items, please refer to page 3.

If there are any questions or technical problems please contact Head Athletic Trainer, Seth Crawford at scrawford@ferrum.edu.

All pre-participation paperwork MUST be completed prior to clearance for participation in sports.
Pre-Participation Medical Paperwork Checklist

- **Valid Physical:**
  
  All incoming student-athletes are required to have a physical exam from the past year prior to participation in collegiate athletics. This general medical pre-participation physical must be performed, filled out, and signed by the assessing medical provider (MD, DO, NP, or PA-C). The **Pre-Participation Physical** form is provided on page 5 of this document.

- **Insurance:**
  
  Ferrum College requires proof of primary medical insurance. A legible copy of the front and back of your current insurance card must also be uploaded to our electronic medical record database.

  **No Primary Insurance/Insurance Waiver:** Primary insurance coverage is not a requirement for participation in athletics. If you do not have primary insurance, an **Insurance Waiver** form can be provided upon request from scrawford@ferrum.edu.

  **Athletes must show proof of insurance or submit a completed insurance waiver annually prior to participation in intercollegiate athletics.**

- **Sickle cell trait:**
  
  All first year student-athletes are required to submit proof of their sickle cell trait status with the form on page 6. For more information on this requirement, please see the **Sickle Cell Requirement Explanation** on page 4.

  A **Sickle Cell testing Waiver** can be provided upon request from scrawford@ferrum.edu.

- **Attention Deficit Hyperactivity Disorder (ADHD) Medical Exemption Information:**
  
  Any student athletes diagnosed and being treated for ADD or ADHD with medications must complete the **Attention Deficit Hyperactivity Disorder (ADHD) Medical Exemption Information** form on page 7.

- **SportsWare account setup:**
  
  New incoming student-athletes are required to setup an account on the SportsWare website. SportsWare is an online database that the sports medicine staff uses for student-athlete information, health history, and tracking of injuries. The instructions for creating an account and required info is found on page 8.
Ferrum College Sports Medicine Sickle Cell Requirement
Explanation

Dear Ferrum College Parent(s)/Guardian(s) and Student-Athletes,

The NCAA has recently passed legislation requiring all student-athletes at the Division I and Division II levels to show proof of their sickle cell trait status prior to participation in any intercollegiate athletics. The NCAA recommends the extension and implementation of this requirement to all student-athletes at the Division III level. This requirement has been made in conjunction with the NATA Consensus Statement on Sickle Cell Trait and the Athlete.

Sickle cell anemia is a genetic trait that may cause serious complications from strenuous exercise or exercise in heat. Individuals who test positive for sickle cell trait do not necessarily have sickle cell anemia; individuals who test positive for the trait are not automatically disqualified from participation in sports. The test results allow the sports medicine staff to work with the coaching staff and the student-athlete to take simple precautions to minimize the risk associated with this condition.

Screening for sickle cell anemia and sickle cell trait is normally performed at birth and the results of this test can be obtained through the county/state health department where you were born. Below are the five easiest ways to satisfy the Ferrum College Sports Medicine Sickle Cell Requirement:

1. Go to [http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm](http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm) and click on the state where you were born. The contact information to obtain the results of the newborn blood test screening for each state will be found there.

2. Contact the office of your pediatrician or the office of the physician responsible for your post-natal care. The results of newborn blood screening should be on file within this office.

3. Request that a sickle cell screening test be performed in conjunction with the annual pre-participation physical and any associated blood work. Please stress to your doctor that this test is a requirement for participation in intercollegiate athletics and must be performed regardless of the gender, race, background, or ethnicity of a student-athlete.

4. This test may be performed once a student-athlete has arrived on campus through the Tri-Area Health Center but the student-athlete will not be permitted to participate in intercollegiate athletics until the results have been received. The student-athlete will be responsible for making an appointment and any fee associated with this test.

5. Student-athletes have the option to sign the Sickle Cell Testing Waiver, voluntarily declining testing. Individuals opting to waive testing will be treated as Sickle Cell Trait Positive as a precaution.
### STUDENT-ATHLETE PRE-PARTICIPATION PHYSICAL

**Must be completed by Physician**

Name: ___________________________ Date of Birth: ___ / ___ / _______ Sport(s): ___________________

Weight: ________ Height: _________ Sex: M  F  Blood Pressure: _____ / _____ Pulse: _______

**Reason for Physical Exam:**

<table>
<thead>
<tr>
<th>Vital Organ Exam</th>
<th>Normal</th>
<th>(Describe Abnormality)</th>
<th>Examination</th>
<th>Normal</th>
<th>Describe Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear, Nose, Throat</td>
<td></td>
<td></td>
<td>Heart</td>
<td></td>
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<tr>
<td>Head &amp; Neck</td>
<td></td>
<td></td>
<td>Thorax &amp; Abdomen</td>
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</tr>
<tr>
<td>Skin &amp; Scalp</td>
<td></td>
<td></td>
<td>Genitalia (Male Only)</td>
<td></td>
<td></td>
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<tr>
<td>Lymphatic</td>
<td></td>
<td></td>
<td>Neurologic</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Musculoskeletal/Orthopaedic Joint Examination</th>
<th>Normal</th>
<th>(Describe Abnormality)</th>
<th>Examination</th>
<th>Normal</th>
<th>Describe Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; Neck</td>
<td></td>
<td></td>
<td>Right Hip</td>
<td></td>
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</tr>
<tr>
<td>Spine</td>
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<td>Left Hip</td>
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<tr>
<td>Right Shoulder</td>
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<td></td>
<td>Right Knee</td>
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<tr>
<td>Left Shoulder</td>
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<td>Left Knee</td>
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<tr>
<td>Right Elbow</td>
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<td>Right Ankle</td>
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<tr>
<td>Left Elbow</td>
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<td>Left Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Hand &amp; Wrist</td>
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<td></td>
<td>Right Foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Hand &amp; Wrist</td>
<td></td>
<td></td>
<td>Left Foot</td>
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</tr>
</tbody>
</table>

- ☐ Cleared without restriction
- ☐ Cleared, with recommendation for further evaluation or treatment for: ________________________________
- ☐ Not cleared for  ☐ All Sports  ☐ Certain Sports: ___________________________Reason: ___________________________

Print Name: ___________________________________________________________________________

Signed: ______________________________________________________________________________

Date: ___ / ___ / _______

Practice Name and Address: __________________________________________________________________________
Name: ___________________________________________ Date: ____ / ____ / _______

Sport(s): ________________________________

To Be Completed By a Physician:

I certify that the aforementioned individual has been tested for Sickle-Cell Trait and that the result was:

Positive: ____

Negative: ____

*Please attach a copy of the results for our records*

Signature: ___________________________________________ Date: ____ / ____ / _______

Printed Name: _______________________________________________________________

Address: ___________________________________________

________________________________

Office Phone Number: (_____ ) _____ - _________
Ferrum College Sports Medicine
Attention Deficit Hyperactivity Disorder (ADHD) Medical Exemption Information.

Dear Health Care Provider:

The student-athlete presenting this form to you plans to participate or already participates in intercollegiate athletics at Ferrum College. Our institution is governed by the rules and regulations of the National Collegiate Athletic Association (NCAA). Legislation, enacted August 1, 2009, requires the collection of medical records for those student-athletes treated for ADD/ADHD with medications containing substances that may be banned by the NCAA. In order to show compliance with this legislation, we ask our student-athletes to have their health care provider fill out and provide the information on this form so the student-athlete may continue/begin their NCAA participation while also continuing to take their ADD/ADHD medication. Examples of the NCAA Banned Drug Class-Stimulants include: amphetamine, atomoxetine, dextroamphetamine, dextroamphetamine, methamphetamine, and methylphenidate. For more information on banned substances please visit www.ncaa.org/health-safety.

Please return this form to the student-athlete or to the following address and/or fax number:

Head Athletic Trainer
Ferrum College
590 Ferrum Mountain Road
Ferrum, VA 24088

Phone: (540) 365-4528
Fax: (540) 365-4540

Student-Athlete’s Name: __________________________________________ Date of Birth: _____ / _____ / _________
Date of Initial Evaluation: _____ / _____ / _________ Date of most recent follow-up: _____ / _____ / _________
Blood Pressure: _____ / _______ Pulse: _______ Height: ___________ Weight: ___________

Physician’s Diagnosis: _______________________________________________ ___________________________

Medication Prescribed: ______________________________________________________________________

Follow-Up Orders: ______________________________________________________

Additional Required Paperwork:

☐ Please attach a brief summary of the comprehensive clinical evaluations used to diagnose this student athlete with ADD/ADHD (reference DSM-IV criteria) and any relevant supporting documentation.
☐ Please attach noteworthy alternative non-banned medications that have been tried or considered and why they were not utilized.
☐ Please attach any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries
☐ If available please provide copies of:
  ☐ ADD/ADHD symptoms recorded by other health care providers
  ☐ Any psychological testing results
  ☐ Laboratory/testing results aiding in diagnosis of ADD/ADHD
  ☐ Previous ADD/ADHD diagnosis summaries not completed by current physician

Name of Physician: __________________________________________ Specialty: __________________
Address: ______________________________________________________________

Signature: __________________________________________ Date: __________________________
SportsWare Account Setup Instructions

Please complete these steps no later than August 1st

1. Visit SportsWare and click “Athlete/Parent: want to join SportsWare” located on the lower right hand side of the screen.
2. Input the school code as “Panthers1913”.
3. Enter your first and last name, email address, select your group as “Ferrum College”.
   1) You will receive an email within 24 hours, which will contain a link to click on and create a password.
4. After setting up your password, revisit www.swol123.net and log in using your email and password.
5. Once you have logged in there are 2 areas that need to be completed: My Info and Med History.
6. My Info contains the sections: general, address, emergency, insurance, and medical.
   1) Answer all sections with the red asterisk. If that section does not pertain to you type in none or NA.
   2) For Insurance, please provide a front and back image of your insurance card. The upload is at the bottom of the page. Click on “add” then choose the image file.
   3) In Medical, provide your primary physicians info and list any allergies or medications that you have.
7. Click “Save” when finished with all My Info tabs. You will be notified if there are any incomplete required fields.
8. In the Medical History section, the first 10 questions pertain to family history.
   1) The questions that say “you” are referring to your personal health history
   2) For all YES answers, please provide as much detail as possible in the comments section (date, side of body, etc.).
   3) The last 4 questions are female only. If you are male, the questions still need to be answered; just select “NO”.
9. Click “Save” when finished with all Med History questions. You will be notified if there are any unanswered questions.
10. The next screen will show if anything still needs to be completed. If all parts are completed it will say in the status section whether or not it is complete or incomplete.
    1) There is a part that says “cleared to play: No”. You don’t need to worry about that.
11. Click “logout” to finish the online portion.

Completion of this step doesn’t fully clear you for sport participation. All athletes will need to meet with their athletic trainer prior to participating in a practice.