

EAST TENNESSEE STATE UNIVERSITY

Department of Intercollegiate Athletics – Athletic Training

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To: Potential ETSU Student Athlete

From: Brian Johnston, ATC/L – Assistant AD for Sports Medicine

Re: Athletic Training Room Paperwork

Thank you for your interest in East Tennessee State University. Attached you will find paperwork that must be **complete** prior to any activity with any team at East Tennessee State University.

- **Statement of Medical Liability** – Fill in blanks and complete signatures
- **Athletic Pre-Participation Questionnaire** – This packet must be completed in its entirety. All information is essential to determining the safety of a student athlete in competition.
- **Sickle Cell Status** – Please read and complete the attached sickle trait status form.
- **Medical Authorization Form** – All signatures must be present.
- **Supplement Form** – Please list all supplements that have been taken in the past 12 months.
- **Parent's Insurance Form** – Please complete all appropriate blanks
- **Front and Back Copy of Insurance Card** - East Tennessee State University requires that ALL student athletes carry primary insurance. Proof of this primary insurance is required to any participation in an East Tennessee State University activity.
- **Physical Form** – Proof of a sports physical within the last 12 months is required prior to any activity. This physical must be signed by an MD, DO, or FNP.

Acknowledgment of Risk of Injury

Participation in intercollegiate athletics exposes a student-athlete to the risk of serious injury. Some of those dangers could include, but are not limited to death, severe neck and spinal injuries which may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculo-skeletal system. It is understood that such injury could result in serious impairment of future abilities to earn a living, to engage in other businesses, and generally to enjoy life.

I voluntarily agree to participate in athletics at East Tennessee State University. In return for the services, facilities and other assistance provided to me by the East Tennessee State University Department of Athletics, I hereby accept that I have an obligation to bring any and all concerns with regard to safety issues to the attention of ETSU Sports Medicine staff. These items can include equipment, field, court, arena surfaces or arena equipment. I further acknowledge my responsibility to disclose any and all injuries and illness to the East Tennessee State University athletic training staff at the time of incident or onset. This responsibility to disclose injury includes any type of head injury.

Possible Signs/Symptoms of a head injury:

- Loss of consciousness
- Confusion, memory loss, abnormal behavior
- Change in respiration
- Fluid or blood coming from ears or nose
- Persistent headache or headache that worsens
- Twitching or seizures
- Blurred or double vision or unequal pupil size
- Difficulty in walking or keeping your balance
- Dizziness
- Nausea, vomiting, fever or stiff neck
- Burning, tingling or severe aching in neck or arms
- Drowsiness or increased irritability

I also:

- A. Understand that I must abide by the decisions of the team physician and athletic trainers with regard to playing status while injured.
- B. Realize that East Tennessee State University cannot be held responsible for any previous medical condition(s) that I might have or any medical expense incurred due to any (un)identified or pre-existing medical condition that is not directly attributable to any athletic participation at East Tennessee State University.
- C. Understand that the athletic medical insurance purchased by the East Tennessee State University Department of Athletics is a secondary medical insurance plan.

Signature

Date

PRE-PARTICIPATION PHYSICAL EVALUATION HEALTH QUESTIONNAIRE

- Y N Are you currently taking any prescription or non-prescription medication or pills or using an inhaler?
- Y N Allergic to bee stings, food, medications?
- Y N Do you have any ongoing medical conditions?
- Y N Have you had a medical illness or injury since your last check up or sports physical?
- Y N Have you had surgery in the past year?
- Y N Any other hospitalizations?
- Y N Any known deformities (curvature of the back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?
- Y N Any serious family illness (diabetes, bleeding disorders, etc.)?
- Y N Ever passed out during or after exercise?
- Y N Have you ever been dizzy during or after exercise?
- Y N Have you ever had chest pain during or after exercise?
- Y N Have you ever had high blood pressure or high cholesterol?
- Y N Have you ever had racing of your heart or skipped beats?
- Y N Have you ever been told you have a heart murmur?
- Y N Have you or any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan’s syndrome, or abnormal heart rhythm?
- Y N Has any family member died of heart problems or of sudden death before age 50?
- Y N Have you had a severe viral infection (myocarditis or mononucleosis) within the last month?
- Y N Has a physician ever denied or restricted your participation in sports for any heart problems?
- Y N Has anyone in your family had a heart attack before the age of 50?
- Y N Have you ever had a head injury or concussion?
- Y N Have you ever been knocked out, become unconscious, or lost your memory?

- Y N Have you ever had a seizure?
- Y N Do you have frequent or severe headaches?
- Y N Have you ever had numbness or tingling in your arms, hands, legs or feet?
- Y N Have you ever had a stinger, burner, or pinched nerve?
- Y N Have you ever become ill from exercising in the heat?
- Y N Have you ever gotten unexpectedly short of breath with exercise?
- Y N Do you cough, wheeze, or have trouble breathing during or after activity?
- Y N Do you have asthma?
- Y N Do you have seasonal allergies that require medical treatment?
- Y N Are you missing any paired organs?
- Y N Have you had any bone, muscle, tendon, or joint injuries in the last year?

FEMALES ONLY

1. When was your most recent menstrual period? _____
2. How much time do you usually have from the start of one to the start of another? _____
3. How many periods have you had in the last year? _____
4. What was the longest time between periods in the last year? _____

PLEASE EXPLAIN ANY “YES” ANSWERS HERE:

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Student-Athlete Signature _____ Date _____

East Tennessee State University
Sickle Cell Trait Status

Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells. Sickle cell trait is a common condition affecting over three million Americans. Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait. Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or sickle shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.

In order to participate for any ETSU Athletics Team, knowledge of sickle cell trait status MUST be on file in the athletic training room prior to ANY of the above mentioned activities.

Student-athletes have the following options:

1. If you know your sickle cell trait status, simply have your physician complete the attached form and send to the ETSU Athletic Training Room.
2. Set up an appointment with your physician or local lab and complete a sickle cell trait test. Once the results are received, send the original documentation to the ETSU Athletic Training Room.

It is recommended that all student-athletes and parents/guardians of student-athletes watch the sickle cell trait video found the NCAA website (www.ncaa.org)
http://www.ncaa.org/wps/portal/ncaahome?WCM_GLOBAL_CONTEXT=/ncaa/ncaa/academics+and+athletes/personal+welfare/health+and+safety/sicklecelltrait

ETSU

SPORTS MEDICINE

I, _____ understand and acknowledge that the NCAA and the East Tennessee Department of Athletics mandate that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to East Tennessee State University Sports Medicine Personnel.

Below are the results of a new sickle cell trait test or the results of a previous sickle cell trait test.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this form.

Sickle Cell Trait Status: Please Select the Following:

Positive: _____ **Negative:** _____

Physician

Date

Physician Printed Name

Phone Number

Student Athlete

Date

Sport

Parent or Guardian (if under 18 years of age)

Date

Parent or Guardian Printed Name (if under 18 years of age)

**East Tennessee State University Department of Athletics
Medical Authorization Form**

Name (please print): _____

Authorization to Release Information

I authorize the East Tennessee State University Athletic Department, attending physician, and/or designated certified athletic trainer to release any personal medical information to the coaching staff, insurance companies, professional athletic teams, other attending physicians, and the hospitals or other medical facilities.

Signed _____

Date _____

Authorization for Direct Payment

I authorize my insurance company to pay any medical benefits to which I would otherwise be entitled to attending medical professional associations.

Signed _____

Date _____

Authorization for Medical Information

I hereby authorize all physicians, hospitals, and other medical personnel to furnish full and complete medical reports and information requested concerning injuries and illnesses received that would pertain to participation in collegiate athletics. This authorization also includes examination of all hospital records, x-ray films, and the furnishing of information concerning medical opinions.

Signed _____

Date _____

Authorization for Reporting Injuries

I have read and fully understand that if I do not report an injury within forty-five (45) days after completion of a particular athletic season, then I accept full financial responsibility of that complaint or injury.

Signed _____

Date _____

Authorization for Seeking Other Medical Opinion

I understand the university will not be responsible for expenses and other medical care incurred by me if I seek care other than that provided by East Tennessee State University, unless prior notification and subsequent approval from the team physician.

Signed _____

Date _____

**East Tennessee State University Department of Athletics
Policy and Supplementation Form**

Name (please print): _____

General Policies Acknowledgement

I have read and understand the General Policies that are located at www.etsubucs.com/info/training/pppf.asp which I have previously seen during my first physical at East Tennessee State University.

Signed _____

Date _____

Athletic Training Room Policies and Procedures

I have read and agree to abide by the Athletic Training Room Policies and Procedures which can be found at www.etsubucs.com/info/training/pppf.asp on the ETSU Athletics website.

Signed _____

Date _____

Supplementation

I understand that dietary supplements can contain banned substances and that it is my responsibility to control what I put into my body.

I am **NOT** currently taking and have not in the past 12 months taken any supplements

Signed _____

Date _____

I have been taking supplements during the past 12 months. – PLEASE LIST BELOW

Signature _____

Date _____