

Endicott College
Department of Intercollegiate Athletics
Instructions for Completing Returning Student Athlete Medical Clearance Forms

- **YOU MUST BE MEDICALLY CLEARED WITH UPDATED FORMS AND AN ANNUAL PHYSICAL BEFORE YOU BEGIN PRACTICES EACH OF YOUR 4 YEARS AT ENDICOTT COLLEGE.**
- **Please print legibly with blue or black ink and sign all forms where indicated.**
- **Returning Student Athlete Health Status Survey** – Please circle yes or no to each question. If you have answered yes to any of the questions, please provide an explanation. **This information should be based on all medical treatments in the past year.**
- **Insurance Questionnaire** – Please provide all current primary medical insurance coverage information, including appropriate addresses and phone numbers. Also, please include a copy of the front and back of your insurance card.
- **On-campus Medical Information Release Form** – Please fill out completely, sign, and date.
- **Assumption of Risk and Waiver** – Please read completely, sign, and date where designated.
- **Annual Physical Form (for returnees)** – This form must be taken to and completed by your treating physician.
- **If you have had any significant injury or surgery since your previous season, please include a written release from the treating physician stating you are cleared to participate in intercollegiate athletics.**
- **If you are under the age of 18, a parent or legal guardian must sign all forms.**
- If you participate in a Fall Sport (football, soccer, women's volleyball, cross country, golf, field hockey, equestrian, women's tennis), your completed paperwork must be received by **August 1, 2008.**
- If you participate in a Spring Sport (baseball, softball, lacrosse, men's tennis), your completed paperwork must be received by **August 15, 2008.**
- If you participate in a Winter Sport (men's volleyball, basketball), your completed paperwork must be received by **September 1, 2008.**

Please make and retain a copy of all forms and mail the ORIGINALS to:

Kathy Moskal, Head Athletic Trainer
Endicott College
376 Hale Street
Beverly, MA 01915

Please write your sport(s) on the front of the envelope.

No faxes will be accepted

Last Name _____

First Name _____

Endicott College
Department of Intercollegiate Athletics
Returning Student Athlete Health Status Survey

In the **PAST YEAR**...circle the appropriate answer and explain any “yes” answers in the space provided.

- | | | | |
|-------|--|-----|----|
| 1) | Have you taken any prescription and or non-prescription medication? _____ | Yes | No |
| <hr/> | | | |
| 2) | Have you fainted, been “knocked out” or lost consciousness for any reason? _____ | Yes | No |
| <hr/> | | | |
| 3) | Have you had problems with frequent headaches? _____ | Yes | No |
| 4) | Did you for the first time get contacts or glasses? _____ | Yes | No |
| 5) | Have you had any problems with your hearing? _____ | Yes | No |
| 6) | Have you had any problems with your teeth, tonsils, or mouth? _____ | Yes | No |
| <hr/> | | | |
| 7) | Have you had any chest pains or difficulty breathing? _____ | Yes | No |
| <hr/> | | | |
| 8) | Have you had any surgery? What type? _____ | Yes | No |
| 9) | Have you had problems from heat or cold exposure _____ | Yes | No |
| 10) | Have you had problems with your bladder or urinary tract infections _____ | Yes | No |
| 11) | Did you miss any practices or games due to an injury _____ | Yes | No |
| <hr/> | | | |
| 12) | Have you had back or neck pain for more than 1 day? _____ | Yes | No |
| <hr/> | | | |
| 13) | Have you been concerned that your diet is lacking in balance? _____ | Yes | No |
| 14) | How many times were you ill while your sport was in season? _____ | | |
| 15) | Women – how many menstrual periods did you miss in the past year? _____ | | |
| 16) | When was your last gynecological exam? _____ | | |

In the **PAST YEAR** have you had:

Sports injuries since the end of your season? _____

Did you see a physician for this or for any other reason during the off-season? _____

Any other health concerns you may have. _____

I have read and answered the above questions truthfully to the best of my ability.

 Signature

 Date

 Signature of parent or guardian if under 18

 Date

Last Name _____

First Name _____

**Endicott College
Department of Intercollegiate Athletics
Proof of Primary Insurance Questionnaire**

All students participating in intercollegiate athletics at Endicott College **must possess** primary health insurance coverage. This information should be provided below and updated immediately if changes occur. The following information is essential to assure that medical expenses due to an athletic injury or illness are adequately and completely covered by the proper insurance. Inadequate or incomplete answers will delay the payment of medical bills and may jeopardize the student athlete's credit rating. If the student athlete does not possess primary coverage through a parent, guardian, spouse, or their own policy, a policy can be purchased through the college. It is the student athlete's responsibility to keep this information up to date.

A secondary insurance policy is carried on all student athletes by the College. This policy is provided on a secondary basis. This means the student athlete's primary or **OWN PERSONAL INSURANCE or that of the ATHLETE'S SPOUSE OR PARENTS MUST BE BILLED FIRST.** Benefits are available from the secondary policy only when the student athlete's are exhausted.

Section 1 – Student Athlete Information

Name _____			
Address _____			
	(city)	(state)	(zip)
Home Phone _____	Cell Phone _____		
DOB _____	Sex: M ___ F ___	SS# _____	

Section 2 – Parent Information / Emergency Contact

Father's Name _____ Address _____ Home phone _____ Cell _____ Employer _____ Employer Address _____ Work Phone _____	Mother's Name _____ Address _____ Home phone _____ Cell _____ Employer _____ Employer Address _____ Work Phone _____
Primary Medical Insurance	
Insurance Co. Name _____ Policy holder's name _____	
Insurance Co Address _____	
Member Service Phone # _____ Policy # _____ Group / ID # _____	
Primary Care MD Name _____ Primary MD Phone # _____	
Is this policy an HMO ___yes ___no Does this policy cover athletic injuries ___yes ___no	
Does this policy cover dental injuries which occur during athletics? ___yes ___no	
Is the student athlete covered under any other medical insurance policy? ___yes ___no	
If yes, please provide information on back of this form.	

I hereby certify that the above answers are true, complete, and correct to the best of my knowledge. I also hereby authorize any insurance company, organization, employer, hospital, MD, or other health care provider to release any information with respect to injury, treatment, or insurance. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature

Date

Signature of parent or guardian if under 18

Date

_____ Sport _____ Year Fr So Jr Sr

Last Name

First Name

**Endicott College
Department of Intercollegiate Athletics**

ON – CAMPUS MEDICAL INFORMATION RELEASE FORM

I, _____, understand that an NCAA requirement for eligibility to participate in athletics is having a physical exam on file in the Athletic Department. I therefore release the Endicott Student Health Center & Office of Student Development of all liability and grant them permission to release a copy of my physical examination to the staff of the Endicott Athletic Department. I also authorize the Student Health Center and the Center for Teaching and Learning to release any medical information to the Athletic Training Staff that may affect my participation in intercollegiate athletics at Endicott College.

SIGNED

DATE

HOME ADDRESS

(street)

(city)

(state)

(zip)

Signature of parent or guardian if under 18

Date

Last Name

First Name

**Endicott College
Department of Intercollegiate Athletics**

Assumption of Risk and Waiver

Release executed by

(Please print full name of individual)

(Address)

I am aware that playing or practicing to play/participate in any sport or athletic event can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play or participate in any sport or athletic activity may result in personal injury including, but not limited to, death, serious neck and spinal injuries, and further that such injury may result in complete or partial paralysis, brain damage and serious injury or impairment to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other parts of the body, general health and well-being.

I understand that the dangers and risks of playing or practicing to play or participate in any sports or athletic activity may result not only in serious injury, but in a serious impairment of my future capacities to earn a living, to engage in other business, social and recreational activities and generally, to enjoy life.

In consideration of being permitted to try-out for or participate on the Endicott College _____ Team, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in _____ and during transportation to and from college sponsored events, to which I may be exposed during my enrollment or participation in _____ including, but not limited to try-outs, practice sessions, games, and transportation to and from these activities and accept those risks.

I further agree for myself and on behalf of my heirs, personal representative(s) and assigns to defend, hold harmless, indemnify, and release, and forever discharge Endicott College and all its trustees, officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, or from causes beyond the control of, and without the fault or negligence of Endicott College, its trustees, officers, agents or employees, during the period of my enrollment or participation as aforesaid.

I acknowledge and understand that it is essential for my general health and well being that I not participate or practice to play or participate in the above sport or athletic activity unless I am in good health and physical condition. With this acknowledgment and understanding in mind, I have correctly answered the questions on the attached

Last Name

First Name

Student Athletic Health Status Survey, and I have advised the Endicott Athletic Training Staff and or coaching staff of any limitations on my participation or activities for medical reasons. I further acknowledge and understand that it is my responsibility to continue to notify the Endicott Athletic Trainer of any new limitations based on my medical condition throughout my enrollment or participation in sports or athletic activities at Endicott.

I recognize and understand the importance of following coaches' instructions regarding any limitations or treatment they deem necessary and appropriate for my health and well-being.

In addition, I certify that I am currently enrolled in a qualifying health insurance program and shall continue such coverage in effect for the duration of my enrollment at Endicott as required by Massachusetts General Laws, Chapter 15A, Section 7B. I understand the student policy offered by Endicott College does cover athletic injuries.

I am also aware that the College has an insurance policy that covers certain specific athletic injuries that may be beyond those covered in my own health insurance policy. This policy is used secondary to my own insurance, has a \$250.00 deductible and does not cover any existing conditions and will only cover athletically related injuries. The College is not responsible for any injuries or claims arising from injuries outside the coverage provided by this policy.

In witness whereof, I have caused this release to be executed this _____ day of _____, 20__.

Signature

Date

Signature of parent or guardian if under 18

Date

Sport _____ Year Fr So Jr Sr

Last Name _____

First Name _____

**Endicott College
Department of Intercollegiate Athletics
Returning Student Athlete Pre-Athletic Screening**

Name: _____

Sport: _____

SS#: _____

DOB: _____ Gender: M F

Height _____ Weight _____

Blood Pressure _____ Pulse _____

Clinical Evaluation

		Normal	Abnormal	Explanation
Eyes:	Conjunctiva			
	Pupils			
	E.O. Muscles			
Ears:	Canals			
	Drums			
Nose and Throat	Gums			
	Pharynx			
	Nares			
Neck	Thyroid			
	Lymph Nodes			
Chest	Pulmonary Findings			
	Axillary Nodes			
Heart	Apical Impulse			
	Thrills			
	Murmurs			
Abdomen	Scars			
	Masses			
	Liver			
	Spleen			
Gentalia	Kidney			
	Hernia			
	Scrotum, Testes, Penis			
Skin	Lymph Nodes			
	General			

Has the student athlete had any orthopedic injuries within the past year? Y N

If yes, please explain below: _____

Other Comments:

The student-athlete is cleared for full participation in intercollegiate athletic competition at Endicott College. _____

The student athlete is not cleared for full participation in intercollegiate athletic competition at Endicott College. _____

If the student athlete is not cleared for athletic competition, please explain. _____

Date: _____ Examining Physician & License # _____

Please include verification of the facility with a stamp of the Medical Practice name and address.