



INCOMING STUDENT-ATHLETE CHECKLIST

PLEASE USE THE FOLLOWING CHECK-LIST TO ENSURE THAT YOU HAVE COMPLETED ALL NECESSARY PAPERWORK

DOCUMENTS DUE BY JULY 15TH OR 1 WEEK PRIOR TO ARRIVAL ON CAMPUS - WHICHEVER COMES EARLIEST

- ☐ **PRE-PARTICIPATION PHYSICAL EVALUATION: HISTORY FORM**
 - ☐ UPLOAD COMPLETED FORM TO YOUR PATIENT PORTAL
 - If you answered “yes” to any questions, please be sure to explain
- ☐ **ORTHOPEDIC HEALTH HISTORY FORM**
 - ☐ UPLOAD COMPLETED FORM TO YOUR PATIENT PORTAL
 - If you answered “yes” to any questions, please be sure to explain
 - Please be as detailed as possible
 - If you have had surgery or a significant injury - please provide all documentation related to the injury/surgery
- ☐ **STUDENT-ATHLETE MEDICAL BILLING POLICY/INSURANCE INFORMATION FORM**
 - ☐ MEDICAL BILLING POLICY
 - Must be filled out by the insurance policy holder. If you opted into the Blue Cross Blue Shield of Massachusetts – University Health Plan, the student-athlete is the policy holder.
 - ☐ STUDENT-ATHLETE INSURANCE INFORMATION FORM
 - ☐ PHOTOCOPY OF INSURANCE CARD (front/back)
 - ☐ UPLOAD COMPLETED FORMS TO YOUR PATIENT PORTAL
- ☐ **MEDICAL CONSENT AND SHARED RESPONSIBILITY/ASSUMPTION OF RISK FORM**
 - ☐ OVER 18 - ELECTRONIC FORM LOCATED WITHIN YOUR PATIENT PORTAL
 - ☐ MINORS – DOWNLOAD/COMPLETE FORM WITH PARENT/GUARDIAN – UPLOAD COMPLETED FORM TO PATIENT PORTAL
- ☐ **POLICY ON MANAGEMENT OF SPORTS-RELATED CONCUSSION**
 - ☐ STUDENT-ATHLETE SPORTS-RELATED CONCUSSION RESPONSIBILITY STATEMENT FORM pg. 13
 - ☐ POSITIVE CONCUSSION HISTORY FOLLOW-UP FORM pg.18 (if you’ve been diagnosed with a concussion)
 - ☐ NOCSAE FORM pg. 32 (for helmet sports)
 - ☐ UPLOAD COMPLETED FORMS TO YOUR PATIENT PORTAL
 - Following completion of the ImPACT test (next step), please write in your 12-digit ImPACT Passport ID Code that is generated at the completion of the Baseline exam in the space provided on the Student-Athlete Sports-Related Concussion Responsibility Statement form
- ☐ **ONLINE IMPACT CONCUSSION BASELINE TEST INSTRUCTIONS**
- ☐ **STUDENT-ATHLETE AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION TO THE PATRIOT LEAGUE AND/OR REQUESTING MEDIA OUTLET FORM**
 - ☐ ELECTRONIC FORM LOCATED WITHIN YOUR PATIENT PORTAL



☐ **NCAA DRUG TESTING EXCEPTION POLICY**

- ☐ ELECTRONIC FORM LOCATED WITHIN YOUR PATIENT PORTAL
- ☐ REQUIRED DOCUMENTATION PER NCAA REGULATIONS (if diagnosed with ADD/ADHD)
 - Documentation of the diagnosis and how it was reached through diagnostic testing
 - Documentation of the treatment procedure, name of medication and dosage information and a copy of the current prescription
 - Statement that the student-athlete's medical history exhibits a need for regular use of the drug
 - List of alternative non-banned medications for the treatment of the condition that have been tried/considered
 - Statement that the student-athlete and prescribing physician agree that there is no other appropriate alternative medication treatment available

☐ **SICKLE CELL TRAIT EXPLANATION AND CONSENT FORM**

- ☐ ELECTRONIC FORM LOCATED WITHIN YOUR PATIENT PORTAL
- ☐ SICKLE CELL TESTING RESULTS

☐ **FIRST YEAR DIVISION I STUDENT-ATHLETE PAPERWORK: MINOR**

- FOR MINORS ONLY – To be completed by parent/guardian if student-athlete will be considered a minor on their first day of athletic activity
- ☐ UPLOAD COMPLETED FORM TO YOUR PATIENT PORTAL

PLEASE UPLOAD OR COMPLETE ALL DOCUMENTS IN: [PATIENT PORTAL](#)

ANY QUESTIONS PLEASE CONTACT:

SPORTS MEDICINE DEPARTMENT: (508) 793-2627