



## INCOMING STUDENT-ATHLETE CHECKLIST

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

**DOCUMENTS DUE BY JULY 15<sup>TH</sup> 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. 14
    - 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
  - POSITIVE CONCUSSION HISTORY FOLLOW-UP FORM pg.19 (if you’ve been diagnosed with a concussion)
  - NOCSAE FORM pg. 35 (for helmet sports)
  - UPLOAD COMPLETED FORMS TO YOUR PATIENT PORTAL
- 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**

- ALL incoming Division I student-athletes must be tested for sickle cell trait or show proof of a prior test
- These results must be completed/submitted prior to collegiate sport participation
- 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**