Freshman/Transfer Student-Athlete Health Information

PLEASE USE THE FOLLOWING CHECK-LIST TO ENSURE THAT YOU'VE COMPLETED ALL NECESSARY PAPERWORK.

1a. ☐ Student-Athlete Medical Billing Policy/ Student-Athlete Insurance Information Forms
   Please be sure to include all information requested, i.e., addresses and phone numbers of insurance companies, emergency phone numbers, etc.

1b. ☐ Photocopy of Insurance Card
   Front and back copy.

2. ☐ Pre-Participation Physical Examination Health History Form
   If you answered “yes” to any questions, please be sure to explain.

3. ☐ Orthopedic Health History Form
   Please be as detailed as possible. If you answered “yes” to any questions, please be sure to explain.
   If you have had surgery or a significant injury, please provide all documentation related to the injury/surgery.

4. ☐ Medical Consent and Shared Responsibility/Assumption of Risk Form
   Please be sure to initial.

5. ☐ Student-Athlete Authorization/Consent for Disclosure of Protected Health Information to the Patriot League &/or Requesting Media Outlet Form

6. ☐ Sickle Cell Trait Explanation and Consent Form
   Please be sure to “check” one of the options and if necessary provide us with the Sickle Cell testing results.

7. ☐ NCAA ADD/ADHD Drug Exception Policy Form
   Please be sure to provide appropriate documentation if you have been diagnosed with ADD/ADHD.

8. ☐ Holy Cross Concussion Policy Form
   Please review the concussion policy and print the policy form to sign and return.

PLEASE RETURN TO ADDRESS LISTED BELOW BY MAIL OR IN PERSON
BY JULY 15TH

PLEASE MAIL TO:
College of the Holy Cross
Attn: Sports Medicine
1 College Street
Worcester, MA 01610

ANY QUESTIONS PLEASE CONTACT:
Office: (508) 793-2627