Incoming Student-Athlete Checklist

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

☐ PRE-PARTICIPATION PHYSICAL EXAMINATION HEALTH HISTORY FORM
  ▪ If you answered “yes” to any questions, please be sure to explain

☐ ORTHOPEDIC HEALTH HISTORY FORM
  ▪ 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 HEALTH INSURANCE INFORMATION
  ☐ MEDICAL BILLING POLICY
    ▪ Must be filled out by the insurance policy holder
  ☐ STUDENT-ATHLETE INSURANCE INFORMATION FORM
  ☐ PHOTOCOPY OF INSURANCE CARD (front/back)

☐ MEDICAL CONSENT AND SHARED RESPONSIBILITY/ASSUMPTION OF RISK FORM
  ▪ Please be sure to initial

☐ STUDENT-ATHLETE AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION TO THE PATRIOT LEAGUE AND/OR REQUESTING MEDIA OUTLET FORM

☐ SICKLE CELL TRAIT EXPLANATION AND CONSENT FORM
  ☐ EXPLANATION FORM SIGNATURE
  ☐ CONSENT FORM SIGNATURE
    ▪ Please be sure to “check” ONE of the options
  ☐ SICKLE CELL TESTING RESULTS (if you checked “yes” to providing results)

☐ NCAA ADD/ADHD DRUG EXCEPTION POLICY FORM
  ☐ REQUIRED DOCUMENTATION PER NCAA REGULATIONS (if diagnosed with ADD/ADHD)

☐ HOLY CROSS CONCUSSION POLICY
  ☐ POLICY FORM
  ☐ POSITIVE CONCUSSION FOLLOW-UP FORM (if you’ve been diagnosed with a concussion)
  ☐ NOCSAE FORM (for helmet sports)

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