

## To Be Completed in the Student-Athlete Portal

### *“General” Information Section*

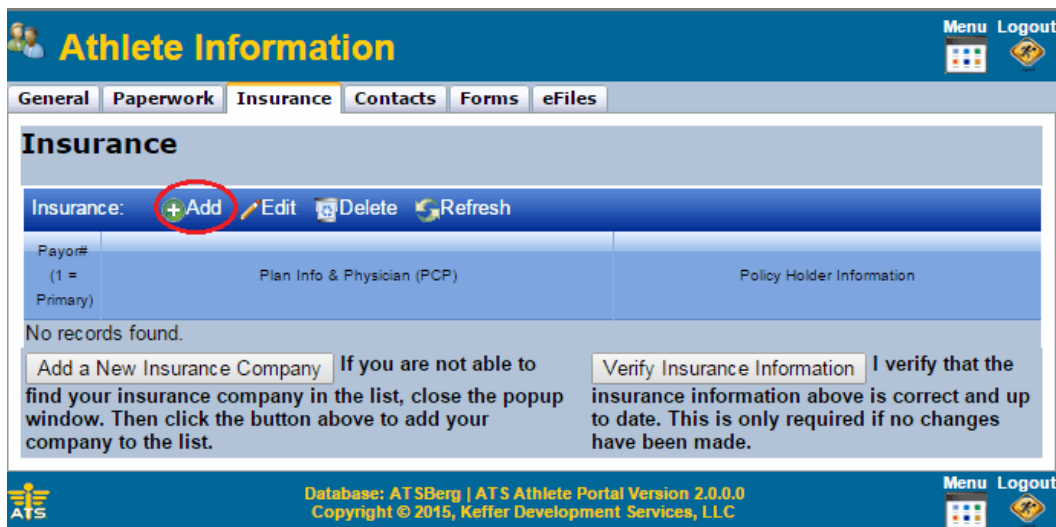
Complete as many sections as possible. The required fields are highlighted in yellow and absolutely must be completed. If there are any individual medical alerts or medications that the Sports Medicine team should be aware of, be sure to list them at the bottom.

### *“Insurance” Tab*

This tab works off of a pop-up.

Note: A .jpeg image upload of current insurance card must be attached; front and back of card is required.

Click the “Add” tab near the top of the section once you are under the “Insurance” tab. (You may click this link to see a screenshot of where to find the “Add” tab.) Once you click the “Add” tab, a pop-up should initiate and allow you to then complete this section. Please be sure to add a jpeg image of you insurance card both front and back to fully complete this section.



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General Paperwork **Insurance** Contacts Forms eFiles

### Insurance

Insurance: **+Add** Edit Delete Refresh

Payo# (1 = Primary)	Plan Info & Physician (PCP)	Policy Holder Information
No records found.		

**Add a New Insurance Company** If you are not able to find your insurance company in the list, close the popup window. Then click the button above to add your company to the list.

**Verify Insurance Information** I verify that the insurance information above is correct and up to date. This is only required if no changes have been made.

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### *Emergency “Contact” Tab*

This tab works off of a pop-up.

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**Emergency Contacts**

Emergency Contacts: +Add Edit Delete Refresh

Contact Order	Contact Name / Relationship / Email / Employment	Phone #s	Notes
1	Jenny Mother  Not Employed	Primary: 867-5309 Cell: Work:	

Verify Emergency Contact Information **I verify that the emergency contact information above is correct and up to date. This is only required if no changes have been made.**

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### *“Athlete Forms” Tab*

Each of these forms are accessible once under the “Forms” tab. Simply click the “Form Name:” drop-down menu and select which form you would like to complete. Then, click “New” next to the “Form Name” drop-down. That form will then open for completion. Once completed, select a new form under the drop-down menu. Complete all three! Each of these must be completed and saved for you to be eligible to have a pre-participation physical on-campus and participate in Athletics!

### *Past Medical History Form*

Please complete all pages of this form. This is a five-page document. Sign and save once the document is complete!

Has anyone recommended that you change your weight or eating habits? \*  Yes  No 91

Explain:

Do you limit or carefully control what you eat? \*  Yes  No 92

Explain:

Do you have any concerns that you would like to discuss with a doctor? \*  Yes  No 93

Explain:

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

\*  Yes 94

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Athlete/Student Signature:  Clear

## Acceptance of Risk Medical Authorization Form

Form Name:	Acceptance of Risk/Medical Authorizati	New	Save	Print/View
Date:	Select Date			
Question	Yes/No-Range	Ref		
<b>ACCEPTANCE of RISK/MEDICAL AUTHORIZATION</b>				
<b>Please read, sign the following consent form.</b>				
<p>I am aware that trying-out, practicing or playing in any intercollegiate sport may be a dangerous activity involving many risks or injury. I understand that the dangers and risks include, but are not limited to, death, serious head, neck and spinal injuries, paralysis, injuries or impairment to the musculoskeletal system or other aspects of the body, general health and well-being.</p> <p>Because of the dangers of participating in sports, I recognize the importance of following the instructions and guidance of the athletic department personnel regarding playing techniques, training, rules of the team and sport, equipment, and obey such rules. I also acknowledge that some sports are classified as violent contact sports involving even greater risk of injury than other sports.</p> <p>I hereby grant permission to the Heidelberg Team Physicians and/or their consulting physicians to render to (myself/son/daughter) any treatment, medical or surgical care that they deem reasonably necessary to (my/his/her) health and well-being. All approval of final medical clearance is determined by the Heidelberg Team Physicians.</p> <p>I also hereby authorize the Heidelberg Athletic Training Staff, who are under the guidance and direction of the Heidelberg University Team Physicians, to render to (myself/son/daughter) any preventative measures for injuries, first aid, treatment, management, and rehabilitation of athletic injuries and emergency treatment that they deem reasonable and necessary to (my/his/her) health and well-being, including practices, games, and travel. An athlete's noncompliance can and will result in termination of care by the medical staff.</p> <p>I grant permission for hospitalization if deemed necessary at an accredited hospital.</p>		1		

## Sickle Cell Trait Reporting Form

<b>About Sickle Cell Trait:</b>								
<ul style="list-style-type: none"> <li>Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin in the red blood cells.</li> <li>Sickle cell trait is a common condition affecting over three million Americans</li> <li>Although Sickle cell trait is predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.</li> <li>Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent of "sickle" shape), which can accumulate in the blood stream and "log jam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.</li> </ul>		2						
<b>Sickle Cell Trait Testing:</b>								
<ul style="list-style-type: none"> <li>The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.</li> <li>Heidelberg University requires that all student-athletes must be tested for sickle cell trait, show proof of a prior test or sign a waiver releasing an institution from liability if they decline to be tested. Please see the NCAA's website for further information or questions regarding the sickle cell trait. <a href="http://www.ncaa.org/health-safety">http://www.ncaa.org/health-safety</a></li> </ul>		3						
<p>***Note: If you were born in the State of Ohio, your sickle cell test was completed as a newborn infant and you do not need to be re-tested. Your parents were only notified at the time of your birth if the test results were positive for the sickle cell trait</p>						4		