

CLARKSON UNIVERSITY ATHLETIC TRAINING DEPARTMENT
STUDENT BIOGRAPHY

Sport: _____ Date: _____

Name - Last: _____ First: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: () _____

School Address; Box # _____ Dorm Room: _____

Phone: _____ E-Mail: _____

Birth Date: _____ Gender: Male Female

Social Security # _____ Student I.D. # _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Address: _____ Phone: Day _____

Evening _____

City: _____ State: _____ Zip: _____

MEDICAL HISTORY PAGE 2

9. Have you ever been told by a physician you have asthma?

No Yes

If yes, are you on any medication? No Yes If yes, what medication _____

10. Have you ever had a hernia?

No Yes If yes, has it been repaired? No Yes If yes, date repaired _____

11. Have you ever been "knocked out"(unconscious)?

No Yes If yes, give date(s) _____

12. Have you ever had a concussion or other head injury?

No Yes If yes, describe and give date(s) _____

13. Have you ever stayed overnight in a hospital due to a head injury?

No Yes If yes, describe and give date(s) _____

14. Have you ever had a neck injury involving bones, nerves or discs that disabled you for a week or longer?

No Yes If yes, describe and give date(s) _____

15. Have you ever injured your back?

No Yes If yes, describe and give date(s) _____

16. Do you presently have back pain?

No Yes If yes, check any of the following which apply:

Seldom

Occasionally

Frequently

With exercise

With heavy lifting

17. Have you had a broken bone in the last 5 years?

No Yes If yes what bone(s)? _____ Rt. Lft. Date: _____

18. Have you ever had a shoulder separation?

No Yes If yes, describe and give date(s) _____

19. Have you ever had a shoulder dislocation?

No Yes If yes describe and give date(s) _____

20. Have you ever been treated for a chronic shoulder condition?

No Yes If yes, describe and give date(s) _____

MEDICAL HISTORY PAGE 3

21. Have you ever had shoulder surgery?
No Yes If yes, type of surgery? _____ Rt. Lft. Date: _____
22. Have you ever injured your elbow?
No Yes If yes, describe and give date(s) _____
23. Have you ever had a hip injury?
No Yes If yes, describe and give date(s) _____
24. Have you ever injured the ligaments of either knee?
No Yes If yes, Type of injury _____ Rt. Lft. Date: _____
25. Have you ever injured the meniscus(cartilage) of either knee?
No Yes If yes, give date _____ Rt. Lft. _____
26. Have you ever dislocated your patella (kneecap)?
No Yes If yes, give date _____ Rt. Lft. _____
27. Have you ever been told by a trainer or physician that you injured your foot or ankle?
No Yes If yes, describe and give date(s) Rt. Lft. _____

28. Do you wear braces or orthotics when you play?
No Yes If yes, describe _____
29. List all surgical procedures you have undergone: _____

30. Do you have any metallic implants in your body (pin, screw, plate, etc.)?
No Yes If yes, where _____
31. Are you missing any paired organs?
No Yes If yes, which one(s) _____
32. Do you have any other medical conditions or injuries of which we should be aware in order to help you?
No Yes If yes, specify and give details _____

SIGNATURE: _____

DATE: _____

**Return completed form to: ATHLETIC TRAINING ROOM
BOX 5830
CLARKSON UNIVERSITY
POTSDAM, N.Y. 13699-5830**

CLARKSON UNIVERSITY ATHLETIC TRAINING DEPARTMENT
INSURANCE INFORMATION FORM

Please Print

Sport: _____

Name: _____ **D.O.B.:** _____ **SSN:** _____

Student ID Number: _____ **Class Year:** _____

Home Address: _____

School Address: _____

Phone Number: Home: _____ **School:** _____ **E-mail:** _____

Father's Name: _____ **Occupation:** _____

Name and Address of Employer: _____

_____ **Phone Number:** _____

Mother's Name: _____ **Occupation:** _____

Name and address of Employer: _____

_____ **Phone Number:** _____

Is your Medical Plan Family or Private? _____

If Family Plan whom is the Subscriber? _____ **Relationship:** _____

If Family Plan does it cover Dependents 19 years of age or older? _____

If a Health Maintenance Plan, does it cover services rendered in non-member facilities or by non-member Practitioners? _____

Name of Insurance Co.	Policy#	Group #	Address for Reporting Claims
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1.	_____	_____	_____
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2.	_____	_____	_____
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I have read and understand all information pertaining to my duties related to athletic injuries. All of the information given regarding insurance and previous injury and illness is accurate to the best of my knowledge.

Please sign and return to: Mike Pitts Box 5830 Clarkson University Potsdam NY 13699-5830

Student's Signature: _____ **Date:** _____

ATHLETIC INJURY AND MEDICAL POLICY

Section I - Eligibility for Athletic Participation

All students desiring to participate in intercollegiate Athletics must have proof of a physical examination before being permitted to workout with any intercollegiate team. The examination is effective for the initial year. The team Physician, however, may re-examine and change the athlete's eligibility status at anytime. Each successive year all students must fill out an NCAA Health Questionnaire.

Students who have sustained any injuries, illnesses, or conditions prior to becoming a team candidate are required to report these injuries to the Athletic Trainer and/or Team Physician. Student/athletes who have had an infectious disease during the previous calendar year must report this illness to the Athletic Trainer and/or Team Physician. An athlete reporting such an injury, illness, or condition is subject to examination by the Athletic Department assigned Physician prior to being given permission to become a team candidate. Failure to report such injuries, illnesses or conditions relieves the University of all liability, in the event that the athlete sustains a subsequent injury or re-injury to the affected part, provided the original injury was a contributing factor to the subsequent injury in the opinion of the Athletic Department assigned Physician. Loss of one of any paired organs, (ex: eye, kidney, testicle, etc.) shall disqualify an individual from participation on any intercollegiate team sponsored by the Athletic Department unless the athlete receives written permission to participate from the Athletic Department assigned Physician.

Section II - Medical Expenses

The University's responsibility for medical expenses resulting from acute accidental injuries and illnesses sustained by athletes is defined as follows:

The responsibility is extended to cover only those acute accidental injuries reported to the Athletic Trainer within 48 hours from the injury producing accident. The responsibility is further restricted to those acute accidental injuries and illnesses received during the athlete's formal competitive season which in the opinion of the Team Physician, Athletic Director, and Athletic Trainer are directly attributable to participation in Intercollegiate athletics while a full-time student at Clarkson University. No medical expense is assumed by the University for the treatment of such illnesses as common colds, sore throats, respiratory infections, or gastrointestinal disorders, etc. No responsibility is assumed by the University for any condition (i.e.) non-accidental injuries or pre-existing conditions; the determination of which shall be made by the Team Physician and/or the Attending Physician.

Responsibility for medical expenses resulting from acute accidental injuries and illnesses is limited as follows:

- 1) To those expenses resulting from medical services which have been authorized per Sections I, II, and III.
- 2) To payment of authorized expenses not covered by the athlete's or the athlete's parents own surgical and hospital insurance.
- 3) To payment of expenses resulting from damage to whole and sound natural teeth or damage to permanent bridges. The terminology permanent bridges refers to those bridges which cannot be removed. The athletes who are required to wear mouthguards must have them in at all times.

Section III - Authorization for Medical Services

Authorization for medical services needed as a result of an acute accidental injury or illness attributable to participation in intercollegiate athletics must be obtained in advance of such services. Arrangement for the care of injuries requiring medical attention following the athlete's drop-out or graduation must be made prior to their drop-out or graduation. Authorizations obtained by procuring from the Athletic Trainer or Team Physician a referral slip, authorizing the needed medical services in instances of emergency and when the Team Physician or Athletic Trainer cannot be contacted, the athlete may obtain medical attention on their own however the Team Physician or Athletic Trainer must be notified by the athlete within 48 hours of obtaining such services. See Section I.C. for further qualifications.

ATHLETIC TRAINING INFORMATION

ATHLETIC INJURIES AND MEDICAL PROCEDURES

I. COMPETITIVE SEASON

- A. Roster on file: All Coaches must present a complete list of all athletes, within their designated number, to our office four weeks prior to the beginning of your sport.
- B. Physical Examination: Every student-athlete must have proof of a Physical Examination or one given prior to the beginning of practice for their particular sport.
- C. Injury: The student-athlete is responsible to report to a representative of the athletic training staff all athletic injuries associated with athletic competition as soon as possible and, in all cases, no later than 48 hours after the injury occurred.

The head or assistant athletic trainer or their representative will make the necessary medical referral as indicated. In the event of an emergency, the athlete is to report or be taken to the Canton-Potsdam Hospital if in Potsdam. If the emergency arises outside of the Potsdam area, the athlete should report to the nearest medical facility. The athlete should report emergency incident to the head or assistant trainer no later than 48 hours after the incident. THE ATHLETE IS NOT PERMITTED TO SEEK MEDICAL ATTENTION WITHOUT PRIOR AUTHORIZATION FROM THE HEAD OR ASSISTANT ATHLETIC TRAINERS EXCEPT IN CASES OF EMERGENCIES. Failure to comply with this policy shall relieve the athletic training staff, athletic department, and Clarkson University of any responsibility to the athlete.

- D. Treatment: The training room hours will be posted with each sport season. Treatment will be available to all athletes, but those in season will have first priority. Failure of an injured athlete to keep treatment appointments will be interpreted as their unwillingness to cooperate with little desire to return to early athletic competition. The coach will be informed of such an athlete.
- E. Practice or Game Participation for an Injured or Ill Athlete: Decisions of the availability of an athlete for practice or game competition shall be the sole responsibility of members of the athletic medical staff/or the head or assistant athletic trainers. Failure to comply with these decisions shall relieve the medical staff and the athletic training staff of any further responsibility of the injured or ill athlete.

- F. Dental Care: The Athletic Department will be financially responsible, while following the insurance claim procedure only for injury to sound natural teeth incurred while participating in an official practice session or game, if the athlete is wearing the protective device in those sports in which the device is provided by the athletic department. Dental caries, extractions and normal dental care not directly related to an athletic injury shall be the responsibility of the student-athlete.
- G. Referral to Medical Specialist: If, in the opinion of the Team Physician, the head athletic trainer, and/or the assistant athletic trainers, an athlete should be referred to a medical specialist for x-ray and/or consultation due to an athletic injury, the following procedure will be followed:
- 1) A referral slip will be filled out by the staff athletic trainer.
 - 2) The Team Physician or the staff athletic trainer will make an appointment with the consultant.
 - 3) THE ATHLETIC DEPARTMENT WILL NOT BE RESPONSIBLE FOR ANY EXPENSES INCURRED BY EXAMINATION OF A CONSULTANT IF THIS PROCEDURE IS NOT FOLLOWED.

II. OUT OF SEASON INJURY OR ILLNESS

The Athletic Department will not be responsible for injuries when the student-athlete is not actively engaged in a formal practice or game under a coach's supervision during a competitive season. The competitive season shall be as determined by the NCAA or the Athletic Department. The season is four weeks before your first official contest and ends on the last day of your season.