

Gwynedd-Mercy College Athletics – Medical History Form

Name _____ Sex _____ Age _____ Date of Birth _____

Year of Study FR SO JR SR Grad Sports _____

Home Address _____ Phone Number _____

Dorm Address _____ Phone Number _____

Family Physician _____ Phone Number _____

Emergency Contact

Name _____ Relationship _____ Phone (H) _____ (W) _____

Personal History

| | | | | | |
|--|-------------|-------------|--|-------------|-------------|
| 1. Current Illness/Injury | Y | N | 10. Frequent or Severe Headaches | Y | N |
| 2. Hospitalized/Surgery | Y | N | 11. Numbness or Tingling in your arms, legs, hands, or feet | Y | N |
| 3. Allergies | Y | N | 12. Stinger, Burner, or Pinched Nerve | Y | N |
| 4. Have you had a severe viral infection (ex. Mononucleosis, myocarditis) within the last month? | Y | N | 13. Skin Problems (ex. Acne, fungi, warts, rash, itching, blisters) | Y | N |
| 5. Asthma/Bronchitis <i>Specify:</i> _____ | Y | N | 14. Experience during or after exercise: Tire more quickly than your friends Y N Dizziness Y N Chest Pain Y N "Racing Heart"/Skipped Beats Y N Coughing/Wheezing/Diff. Breathing Y N | | |
| 6. High Blood Pressure Heart Murmur High Cholesterol | Y Y Y | N N N | 15. Have you ever become ill from exercising in the heat? | Y | N |
| 7. Previous Illness/Injury | Y | N | 16. Do you feel stressed out? Have you ever felt depressed? Have you ever sought help for depression? | Y Y Y | N N N |
| 8. Head Injury Dates _____ Loss of Consciousness Loss of Memory | Y Y Y | N N N | 17. Vision Problems/Corrective Lenses Please circle: Contacts Glasses Both | Y | N |
| 9. Seizures/Epilepsy <i>Date of Last Episode</i> _____ | Y | N | 18. <i>Females Only:</i> Date of 1 st Menstrual Period _____ Date of Most Recent Period _____ Ave. time between Periods _____ Number of Periods per Year _____ Longest time between Periods this year _____ | | |

Please Specify to any items answered "YES":

Family History

Has anyone in your immediate family (parents, siblings, grandparents) had any of the following:

| | | | | | |
|------------------------------|---|---|---------------------------|---|---|
| Heart Disease | Y | N | Diabetes | Y | N |
| High Blood Pressure | Y | N | Cancer | Y | N |
| Stroke | Y | N | Tuberculosis | Y | N |
| Sudden Death (before age 50) | Y | N | Asthma | Y | N |
| Epilepsy | Y | N | Gout | Y | N |
| Migraine Headaches | Y | N | Marfan's Syndrome (Heart) | Y | N |
| Eating Disorder | Y | N | Sickle Cell Anemia | Y | N |

Please specify to any items answered "YES":

Medications/Supplements – Please list any medications or supplements (ex. Creatine, Hydroxycut, Metabolife) you are currently taking

Record the dates of your most recent immunizations (It may be necessary to contact your primary care physician to obtain accurate dates for each vaccination):

Measles/Mumps/Rubella _____

Tetanus-Diphtheria _____

Hepatitis B (list dates for 3 shots) _____

Meningococcal (meningitis) _____

Influenza (Flu) _____

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

Signature of Athlete _____ Date _____

Signature of Parent (if under 18) _____ Date _____



*Gwynedd-Mercy College Athletics – Pre-Participation Physical Exam
Musculoskeletal Evaluation*

Name: _____

SS#: _____

Date of Birth: _____

Musculoskeletal Findings

Neck/Back Normal Abnormal *Comments:* _____

Rt. Shoulder/Arm Normal Abnormal *Comments:* _____

Lt. Shoulder/Arm Normal Abnormal *Comments:* _____

Rt. Elbow/Forearm Normal Abnormal *Comments:* _____

Lt. Elbow/Forearm Normal Abnormal *Comments:* _____

Rt. Wrist/Hand Normal Abnormal *Comments:* _____

Lt. Wrist/Hand Normal Abnormal *Comments:* _____

Rt. Hip/Thigh Normal Abnormal *Comments:* _____

Lt. Hip/Thigh Normal Abnormal *Comments:* _____

Rt. Knee Normal Abnormal *Comments:* _____

Lt. Knee Normal Abnormal *Comments:* _____

Rt. Foot/Ankle Normal Abnormal *Comments:* _____

Lt. Foot/Ankle Normal Abnormal *Comments:* _____

Clearance Level:

Cleared **Not Cleared** (Reason): _____

Cleared after Evaluation/Rehabilitation for the following:

Recommendations/Limitations:

Physician's Signature: _____

Date: _____

**Gwynedd-Mercy College Athletics -- Pre-Participation Physical Exam
Medical Evaluation**

Name: _____ SS#: _____

Date of Birth: _____

Vital Signs:

Ht. _____ Wt. _____ BP: _____ Pulse: _____

Vision: Right: 20/____ Left: 20/____ Corrected: Y N Pupils: Equal Unequal

Medical Findings

Appearance Normal Abnormal *Comment:* _____

Eyes/Ears/Nose Normal Abnormal *Comment:* _____

Lymph Nodes Normal Abnormal *Comment:* _____

Pulses Normal Abnormal *Comment:* _____

Heart/Lungs Normal Abnormal *Comment:* _____

Abdomen Normal Abnormal *Comment:* _____

Genitalia (Males) Normal Abnormal *Comment:* _____

Skin Normal Abnormal *Comment:* _____

Clearance Level:

Cleared **Not Cleared (Reason)** _____

Cleared after Evaluation/Rehabilitation for the following:

Recommendations/Limitations:

Physician's Signature: _____

Date: _____

Gwynedd-Mercy College Athletics
Student Athlete Information Form

Name: _____ **Sport:** _____

Date of Birth: _____ **Age:** _____

Home Address: _____

Home Phone Number: _____

College/Dorm Address: _____

College/Dorm Phone Number: _____

Family Physician: _____

Family Physician Phone Number: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone Number: _____ **Work:** _____

Insurance Company: _____

Policy Holder: _____

Policy Number: _____ **Group Number:** _____

Medical History & Dates (ex. Allergies/Asthma, Previous Injuries/Surgeries, Current Medications, Medical Conditions)



Gwynedd-Mercy College Athletic Training/Sports Medicine

NCAA REQUIREMENTS FOR PERSONAL HEALTH INSURANCE

Dear GMC Student Athlete & Parents:

As per NCAA requirements, all Gwynedd-Mercy College Student-Athletes must provide evidence of insurance that includes coverage for **Athletically-Related Injuries**. This is a prerequisite for all practices and competitions. No student-athletes will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Gwynedd-Mercy College Department of Athletics. The enclosed "Acknowledgement of Insurance Requirements" form and an insurance card (**photocopy of both sides**) must be on file before a student-athlete can participate. This includes practices, games, and conditioning sessions.

Insurance coverage must have a lifetime maximum limit of at least **\$75,000** and cover athletically-related injuries. If your insurance does not meet these requirements, Gwynedd-Mercy College will review the individual circumstances to determine if the insurance meets the coverage requirements.

Gwynedd-Mercy College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Gwynedd-Mercy College.

If you have questions regarding the terms of your insurance coverage, you should contact your insurer or your employer immediately. Please be sure to note if there are any exclusions to your policy regarding athletically-related injuries.

The NCAA Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all terms and conditions). This policy has a \$75,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Gwynedd-Mercy College. It is supplemental coverage in the event of a catastrophic injury. More information on this program may be found on the NCAA's web-site at www.ncaa.org.

These forms must be submitted to the Head Athletic Trainer by the 1st day of practice.

If you have any questions regarding this requirement, please contact the Head Athletic trainer at 215-646-7300 ext. 251.



Gwynedd-Mercy College Insurance Information Verification Form

Name: _____
Date of Birth: _____ Sport: _____
SSN: _____ Year: Fr So Jr Sr Grad

The Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

Parent/Guardian Name(s): _____
Home Address: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Work Phone: _____

Policy Holder Name: _____
Relationship to Student-Athlete: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____

Insurance Company Name: _____
Address: _____

ID/Policy #: _____ Group #: _____
Member Services Phone: _____
Effective Date of Policy: _____ Expiration Date: _____
Policy Lifetime Max. Limit: _____
Policy Deductible: _____ Policy Co-Pay: _____

Primary Physician: _____
Address: _____

Office Phone: _____ Office Fax: _____

Does your policy cover athletically related injuries? **YES** **NO**
Does your policy require a second opinion before surgery? **YES** **NO**
Does your policy require a referral from your primary physician? **YES** **NO**

This form must be completed and returned to the Head Athletic Trainer.



ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I, _____, as parent, guardian, legal
(name, please print)
representative, or self, attest that _____ has insurance
(student-athlete name)
coverage under a current, in-force insurance policy for all injuries that occur while he/she is
participating in intercollegiate athletics at Gwynedd-Mercy College.

If there is a material change in coverage or expiration of coverage, I agree to notify Gwynedd-Mercy College Athletic Department of this development and update the insurance information I have on file with Gwynedd-Mercy College immediately.

I understand and agree that Gwynedd-Mercy College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Gwynedd-Mercy College.

(signature)

(date)

THIS FORM MUST BE SIGNED AND RETURNED TO THE GWYNEDD-MERCY COLLEGE DEPARTMENT OF ATHLETICS.

Return to:
Gwynedd-Mercy College Athletic Department
c/o Head Athletic Trainer
1325 Sumneytown Pike
Gwynedd Valley, PA 19437-0901

YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED INSURANCE VERIFICATION FROM.



Gwynedd-Mercy College Athletic Training/Sports Medicine

HIPAA/FERPA AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Name: _____ **Sport(s):** _____
Print Name **Print Sport(s)**

The Health Information Portability & Accountability Act (HIPAA) of 1996 & the Family Educational Rights & Privacy Act of 1974 (FERPA/Buckley Amendment) requires the protection of your personal health information. You have a right to confidential treatment of all information contained in medical records pertaining to your care while at Gwynedd-Mercy College. You also have to right to be notified of the presence of any individual during treatment of any injuries &/or illnesses (physical, mental, &/or emotional) during the course of your medical care. **If you sustain an injury or illness that directly affects your participation in Intercollegiate Athletics at Gwynedd-Mercy College, it is important to understand that the Athletic Training Staff may need to discuss this injury or illness with members of the Campus Health &/or Counseling Services Departments, as well as coaches & pertinent Athletics Staff. Only minimally necessary information will be released and discussed.**

By signing this document, I authorize members of the Gwynedd-Mercy College Athletic Training staff, Coaching/Athletic Department Staff, Physicians, Campus Health Department professional staff, & Counseling Services professional staff to discuss only pertinent aspects of any injuries/illness that I may sustain that will directly affect my ability to participate in Intercollegiate Athletics.

The reason for this disclosure is to advise my Coaching staff/Athletic Department staff (via Athletic Training Staff) about any diagnosis or treatment concerning my medical condition so that they may make decisions regarding my ability to participate in Intercollegiate Athletics.

I understand that at any time I may revoke this authorization by notifying the Head Athletic Trainer in writing. I also understand that I may inspect & receive a copy of any information used under this authorization. I may also refuse to sign this authorization & that refusal to sign will in no means affect my eligibility to participate in Intercollegiate Athletics at Gwynedd-Mercy College or obtain treatment for any injuries/illnesses. This authorization will remain in effect for a period of six years.

I consent to this authorization

I refuse consent to this authorization

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If student-athlete is under 18 years of age)

Date