BIRMINGHAM-SOUTHERN
ATHLETIC TRAINING

New Student Athlete Physical Form Athletics 1

Dear Parent/Guardian and Student Athlete,

We would like to welcome you to the Birmingham-Southern College athletics family and to let you know that all those involved with the Athletics Department are looking forward to working with you and your child.

Enclosed you will find the following forms: Physical Form (**physical will be performed by BSC physicians**), Medical History, Student-Athlete's Insurance Information (with copy of card), Emergency Contact Information, Informed Consent for Medical Treatment, BSC HIPAA/FERPA, Acknowledgement of Risk, NCAA HIPAA, Sickle Cell Packet, Concussion Information Sheet, BSC Drug Testing Consent, and ECG Consent Form. **We are requesting that each Birmingham-Southern College student-athlete and his or her parent/guardian review and complete these forms together.** After doing so, please return all forms and requested information to the athletic training staff by **July 1, 2022**. These forms serve as an important source of information and are invaluable to us if your son/daughter is injured.

We are very proud of Andrews Sports Medicine & Orthopedic Center involvement as the official medical providers for the Birmingham-Southern College Athletics Department. **Please only fill out the Personal Information section on the physical form. We will complete the rest with our Team Physician once you arrive on campus.**

Please note that due to NCAA drug testing rules if you are on any prescription medication you should enclose a letter or prescription script with: Diagnosis, type of medication (name), dosage and how often it's to be taken from the treating physician. This is not required but highly recommended so that if you were to be drug tested and test positive this can vouch for an exclusion.

Please include any doctor's, physical therapy clinic, or surgery notes for any illnesses and/or injuries sustained in the previous **FOUR** years or currently have. This will help expedite your clearance process once you arrive to campus.

We appreciate the time and effort that you spend in completing the enclosed forms and ask you to contact us if there are any questions pertaining to their content.

Sincerely,

Rachel Morris, M.Ed., ATC/L	Alyssa Parrinello, MS, ATC/L	Lara Reid ATC/L	Abby Bouldin MS, ATC/L	Chase Ladd MS, ATC/L
Head Athletic Trainer Swim & Dive, Softball, M/W Tennis, Insurance	Assistant Athletic Trainer Volleyball, M/W Basketball	Assistant Athletic Trainer W/M Soccer, & Baseball	Assistant Athletic Trainer Football WLAX & MLAX	Assistant Athletic Trainer Football, Track and Field, Golf

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING
Health History Questionnaire

We appreciate your effort to complete the first year physical packet efficiently and correctly. The enclosed information is invaluable to us and will make the clearing process much more efficient upon your child's arrival to school for their physical process. To help aid accuracy of student-athlete's medical files prior to their arrival to school we've attached this check list of items that are a part of the first year physical packet.

- **Health history questionnaire**
- **Letter from prescribing physician including diagnosis, type of medication and dose of any prescribed medications. Copy of script will suffice as well.**
- **Copy of doctors notes, imaging results and any available information regarding injuries sustained in the past 4 years (high school)**
- **BSC secondary insurance information sheet**
- Student-Athlete primary insurance information sheet
- Primary insurance card and emergency contact sheet
- Attach photo copy of front and back of card (or note a copy will be made upon arrival)
- Informed Consent for Medical Treatment sheet
- Medical Privacy sheet (HIPPA and FERPA)
- Acknowledgement of Risk sheet
- Student-Athlete Authorization/Consent for Disclosure of Protected Health Information sheet. This is used for research only and there are never any subject identifiers.
- Concussion Information Sheet
- NCAA Sickle Cell Train sheet
- BSC Electrocardiogram information/release sheet
- BSC Drug Testing information/release sheet
- Student-Athlete COVID-19 Screening
- Assumption of Risk Waiver Relating to COVID-19

Please note that parent signatures are required where noted if the student athlete is under the age of 19.

Thank you for your help to expedite the physical process for your child. We look forward to meeting and working with you in the future.

Rachel Morris M.Ed., ATC, PES
Head Athletic Trainer
Birmingham-Southern College
rmmorris@bsc.edu

Please send all physical forms to the following address:

BSC Athletic Training
900 Arkadelphia Road
Box 549035
Birmingham, AL 35254

BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Personal Information: **Date:** ____/____/____ ☐FR ☐SO ☐JR ☐SR ☐5th

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Age: _____ Sport: _____

Home Address: _____ City _____ State: _____ Zip: _____

Home Phone: ____-____-____

Email Address: _____ Cell Phone: ____-____-____

The information provided on this form will help the Athletic Training Staff at Birmingham-Southern College best care for any injuries and illnesses that you may sustain while participating in intercollegiate athletics. Please answer all the questions to the best of your ability. Accuracy of the information provided is essential. Please be thorough when filling out this form. This will expedite your athletic medical clearance upon your arrival to campus. Please obtain a letter from a treating physician for any prescription medication with medication name, dose and how often it is to be taken. This will be kept on file in the case you are selected for NCAA drug testing. Also include any doctor's clinic/surgery notes for any injuries or major illnesses that required being seen by a physician in the past **FOUR** years.

MEDICATIONS (Prescription or Over-the-Counter)	Reason	Dosage/Frequency

ALLERGIES (Please Specify)	YES	NO	Specific Reaction
Medication(s)	☐	☐	
Food(s)	☐	☐	
Seasonal	☐	☐	
Stinging Insect	☐	☐	

Cardiac

Have you ever passed out or nearly passed out DURING/AFTER exercise/practice?	Yes ☐	No ☐
Have you ever had discomfort, pain, or pressure in your chest DURING/AFTER exercise/practice?	Yes ☐	No ☐
Does your heart race or skip beats DURING /AFTER exercise?	Yes ☐	No ☐
Has your doctor ever told you that you have: high blood pressure, high cholesterol, a heart murmur, a heart infection?	Yes ☐	No ☐
Has a doctor ever ordered a test for your heart? (for example: ECG or echocardiogram)	Yes ☐	No ☐
Has any family member or relative died of heart problems or suddenly before the age of 50?	Yes ☐	No ☐
Does anyone in your family have a heart problem?	Yes ☐	No ☐
Do you or anyone in your family have or been evaluated for Marfan's Syndrome?	Yes ☐	No ☐
Have you ever been diagnosed with Pericarditis or Endocarditis?	Yes	No

BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Athletics 4

Asthma

Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise/practice? Yes ☐ No ☐

Has a doctor every diagnosed you with Asthma, Exercised Induced Asthma and/or Vocal Cord Dysfunction? Yes ☐ No ☐

Concussion

Have you ever had a head injury/concussion (no matter how minor)? Yes ☐ No ☐

Date of most current:	Time missed (practice or game):	Date of Others:
___/___/___	_____	_____

Have you ever been evaluated by a Doctor for a head injury/concussion? Yes ☐ No ☐

Have you ever had x-ray, MRI, CT, or neuropsychological testing of your head? Yes ☐ No ☐

Have you ever lost consciousness, had memory lose or confusion from a head injury/concussion? Yes ☐ No ☐

Do you suffer from or have a history of regular headaches or migraines? Yes ☐ No ☐

Heat Illness

Have you ever been diagnosed with a heat illness (heat exhaustion, heat stroke)? Yes ☐ No ☐

Have you ever had problems with excessive de-hydration? Yes ☐ No ☐

Have you ever had problems exercising in the heat? Yes ☐ No ☐

Have you ever received intravenous fluid (IV) for a heat related problem? Yes ☐ No ☐

When exercising in the heat, have you ever suffered severe muscle cramps or become ill? Yes ☐ No ☐

General

Were you born without or are you missing a kidney, an eye, a testicle, an ovary, or any other organ? Yes ☐ No ☐

Have you ever been diagnosed with a communicable disease (e.g., Hepatitis A, B, or C, Tuberculosis)? Yes ☐ No ☐

Have you ever been diagnosed with an STD (HIV, Herpes, Gonorrhea, Syphilis, Genital Warts)? Yes ☐ No ☐

Have you ever had seizures, convulsions and/or epilepsy? Yes ☐ No ☐

Have you ever had the chickenpox? If yes, when. Yes ☐ No ☐

If no, have you had the chickenpox vaccine? Yes ☐ No ☐

Have you had a Tetanus shot in the last 5 years? Yes ☐ No ☐

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Have you ever been told that you have or been diagnosed with:

ADD/ADHD	Yes ☐ No ☐	Hernia/Sports Hernia	Yes ☐ No ☐
Anemia	Yes ☐ No ☐	Kidney Stones	Yes ☐ No ☐
Appendicitis	Yes ☐ No ☐	Liver Disease	Yes ☐ No ☐
Arthritis	Yes ☐ No ☐	Mononucleosis	Yes ☐ No ☐
Bleeding Disorder	Yes ☐ No ☐	Motion Sickness	Yes ☐ No ☐
Cancer	Yes ☐ No ☐	Motor Vehicle Accident	Yes ☐ No ☐
Cysts	Yes ☐ No ☐	Urinary Tract Infection	Yes ☐ No ☐
Depression/Anxiety/Bipolar	Yes ☐ No ☐	Rheumatic Fever	Yes ☐ No ☐
Gall Stone	Yes ☐ No ☐	Thyroid Disorders	Yes ☐ No ☐

Explain any Yes's

Diabetes

Have you ever been diagnosed with diabetes?	Yes ☐ No ☐
Do you monitor you blood sugar daily?	Yes ☐ No ☐
Have you ever been told you are hypoglycemic?	Yes ☐ No ☐

Stomach/Digestion/GI

Have you ever been told you have stomach problems?	Yes ☐ No ☐
Do you frequently have: heartburn, indigestion, acid reflux, or constipation?	Yes ☐ No ☐
Have you ever had rectal bleeding or blood in your stools?	Yes ☐ No ☐

Eyes, Ear, Nose , Throat

Do you wear glasses or contact lenses?	Yes ☐ No ☐
Have you ever been diagnosed with a retinal detachment?	Yes ☐ No ☐
Do you have any kind of vision defect?	Yes ☐ No ☐
Have you ever had significant problems with your ears, nose or throat?	Yes ☐ No ☐
Have you ever had a perforated eardrum?	Yes ☐ No ☐
Have you ever had ringing in your ears or trouble hearing?	Yes ☐ No ☐
Have you ever had problems with your tonsils or adenoids?	Yes ☐ No ☐
Have you ever had pneumonia, bronchitis or a lung disease?	Yes ☐ No ☐
Have you ever had an abnormal chest x-ray?	Yes ☐ No ☐

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Athletics 6

Sickle Cell

Has anyone told you that you or any family member has sickle cell trait or disease?	Yes ☐ No ☐
Have you ever been tested for Sickle Cell Anemia that you are aware of?	Yes ☐ No ☐

Females Only

Have you had any menstrual irregularities in the last 12 months?	Yes ☐ No ☐
Do you take any medication during your menstrual period?	Yes ☐ No ☐

Number of cycles in the last year: Most recent cycle: Longest time between cycles:

Health Habits

Do you smoke on a regular basis?	Yes ☐ No ☐
Do you use smokeless tobacco (dip, snuff)?	Yes ☐ No ☐
Do you drink alcohol? If yes, how often and amount.	Yes ☐ No ☐
Rate your current stress level? (low 1,2,3,4,5 high)	Yes ☐ No ☐
Have you had a weight change (loss/gain) of greater than 10 lbs. in the past year?	Yes ☐ No ☐
Do you feel comfortable with your current weight?	Yes ☐ No ☐
Are you trying to lose or gain weight? Why?	Yes ☐ No ☐
Do you or have you ever had disordered eating habits?	Yes ☐ No ☐
Are you a vegetarian? What type?	Yes ☐ No ☐
Have you ever been diagnosed with insomnia?	Yes ☐ No ☐

Family History

	No History	Mother/Father	Brother/Sister	Grandparent
Anemia	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Blood Clots	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Depression/Anxiety (Mental Illness)	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐
Heart Disease (Heart Attack)	☐	☐	☐	☐
Heart Murmur	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐
Lung Disease	☐	☐	☐	☐
Neurological Disorder	☐	☐	☐	☐
Seizures	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Thyroid Problems	☐	☐	☐	☐

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Neck, Shoulder and Upper Arm

Have you ever had a strain, sprain, fracture, dislocation, pinched nerve, tendinitis, a tear or surgery?

Injury #1_____ Side: R ☐ L ☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y ☐ N ☐ If so, Doctor:_____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R ☐ L ☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y ☐ N ☐ If so, Doctor:_____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Have you ever had "Burners", "Stingers", or Brachial Plexus injuries? Yes ☐ No ☐

How Many?_____ Dates/Time Missed?_____

Have you ever suffered an injury to your cervical spine and/or neck causing numbness, tingling or weakness in your arms, fingers, or legs? Yes ☐ No ☐

Were any diagnostic tests performed? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Other

Dates/Describe:_____ Dates/Time Missed? _____

Have you ever been unable to move your arms or legs after being hit or falling? Yes ☐ No ☐

Dates/Describe:_____

Elbow, Forearm, Wrist, Hand, or Fingers

Have you ever had a strain, sprain, fracture, dislocation, tendinitis or surgery?

Injury #1_____ Side: R☐ L☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor:_____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor_____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Have you ever had any numbness or tingling in your elbow, wrist, hand or fingers? Yes ☐ No ☐
Dates/Describe:

Ribs, Thorax, and Chest

Have you ever had a strain, sprain, fracture, bruise, cartilage separation, pneumothorax or surgery?

Injury #1_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed: :_____ Surgery Required: Y☐ N☐ If so, Doctor:_____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Have you ever had Commotio cordis? Yes ☐ No ☐
Dates/Describe? _____

Abdomen

Have you ever had a strain, bruise, abdominal hernia, spleen, liver, kidney intestine injury or surgery?

Injury #1_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Lumbar Spine and SI Joint

Have you ever had a strain, sprain, fracture/stress fracture, herniated/bulging disc, spondylosis or surgery?

Injury #1_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Have you ever had pain, numbness, or tingling go down your leg? Yes ☐ No ☐

Dates/Describe: _____

Hip, Groin, Thig

Have you ever had a strain, sprain, fracture/stress fracture, bruise or surgery?

Injury #1_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Have you ever had an athletic/sports hernia? Yes ☐ No ☐

Dates/Describe: _____

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Knee and Lower Leg

Have you ever had a strain, sprain, fracture/stress fracture, dislocation, tendinitis, a bruise or surgery?

Injury #1_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date: _____/_____/_____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Do you currently wear any type of protective knee brace? Yes☐ No☐

Describe:_____

Do you ever get tightness in the front of your leg or tingling in your toes while running? Yes☐ No☐

Describe:

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Health History Questionnaire

Ankle, Foot, Toes

Have you ever had a strain, sprain, fracture/stress fracture, tendinitis, a bruise or surgery?

Injury #1_____ Side: R☐ L☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Injury #2_____ Side: R☐ L☐ Date:____/____/____

Time Missed:_____ Surgery Required: Y☐ N☐ If so, Doctor: _____

What procedures were required, if any? (Check all that apply)

☐ X-Ray ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Cast/Brace ☐ Therapy

Do you currently wear any type of protective ankle brace or taping? Yes ☐ No ☐

Describe: _____

Please Answer If you answer YES to any of the following, please explain below.

Have you ever had any injury or illness other than those already noted?	Yes ☐ No ☐
Have you ever had any injury or illness that required surgery other than those already noted?	Yes ☐ No ☐
Have you ever been told by a physician to restrict your sport activity or not to participate in sports?	Yes ☐ No ☐
Do you have any concerns that you would like to discuss with a doctor?	Yes ☐ No ☐
Are you aware of any reasons why you should not participate in intercollegiate athletics at Birmingham-Southern College?	Yes ☐ No ☐

Please Explain:

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

INSURANCE INFORMATION Athletics 11

Dear Parents/Guardians and Student Athlete,

It is a Birmingham-Southern College policy that all of the student-athletes **MUST** have primary insurance in order to be eligible for participation in athletics. If you do not have primary insurance, you need to contact the Athletic Training Department. If at any time during the student-athlete's participation in athletics at Birmingham-Southern College their primary insurance changes, the student-athlete will be responsible for notifying the Athletic Training Department of the change and providing an updated insurance card immediately. Any claim for benefits must **FIRST** be filed with your insurance policy that covers your son/daughter. **We are not responsible for paying upon the student-athlete's primary insurance deductible.**

Governmental issued secondary insurances such as Tricare, Medicaid and Medicare **MAY NOT** satisfy the primary insurance requirement as they do not act as a primary insurance coverage. BSC does offer a discounted orthopedic injury insurance plan in this case. Please contact Rachel Morris at 205-226-4946 or rmmorris@bsc.edu for further information.

Birmingham-Southern College provides "excess" or "secondary" athletic medical insurance coverage, for all intercollegiate student- athletes in addition to your current personal health insurance plan. The secondary coverage is utilized in the event that the student-athlete incurs an injury while participating in a Birmingham-Southern College Athletic Department sanctioned function including play, practice, and travel. Once all benefits have been paid on a claim our secondary insurance policy will pay any remaining amounts.

The Athletic Training Department is not responsible for any medical or healthcare bills acquired by a student-athlete when a student-athlete is assessed, evaluated, treated or consulted with by any provider without the knowledge and written approval of the Athletic Training Department.

If for some reason you, the parent/guardian, receive any bills or letters from creditors at your place of residence you must contact the Athletic Training Staff as soon as possible at 205-226-4946. We are continuously working to try to avoid any such mishaps. However, there are some situations in which this does happen and the bills are sent to the student-athletes home address. If this happens it means that we, the Athletic Training Staff, did not receive the bill so we ask that you contact us.

By reading and signing this letter I hereby understand that…

- The student-athlete is required to have primary medical insurance in order to be eligible to compete in Birmingham-Southern College Athletics.
- The student-athlete's primary medical insurance will be billed first for any and all medical/surgical services. The student-athlete/family is responsible for their primary deductible. Birmingham-Southern College does not pay until your primary deductible has been met.
- Birmingham-Southern College provides "excess" or "secondary" insurance for each student-athlete.
- The "excess" insurance policy only provides coverage for injuries directly related to the student-athlete's participation in a Birmingham-Southern College Athletic Department sanctioned event.
- If I receive a bill or a letter from a creditor at my place of residence, I will contact the Athletic Training Department as soon as possible.
- BSC is not responsible for medical or healthcare bills that are acquired by a student-athlete who is assessed, evaluated or treated outside of the BSC healthcare provider's network without prior knowledge and written approval of the BSC Athletic Training department.

This letter is for your records. Thank you for your cooperation in this matter!

The Athletic Training Staff

Please attach a photocopy of the front and back of your current insurance card to the proper form.

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

INSURANCE INFORMATION Athletics 12

By reading and signing this letter I hereby understand that…

- The student-athlete is required to have primary medical insurance in order to be eligible to compete in Birmingham-Southern College Athletics.
- The student-athlete's primary medical insurance will be billed first for any and all medical/surgical services. The student-athlete/family is responsible for their primary deductible. Birmingham-Southern College does not pay until your primary deductible has been met.
- Birmingham-Southern College provides "excess" or "secondary" insurance for each student-athlete.
- The "excess" insurance policy only provides coverage for injuries directly related to the student-athlete's participation in a Birmingham-Southern College Athletic Department sanctioned event.
- If I receive a bill or a letter from a creditor at my place of residence I will contact the Athletic Training Department as soon as possible.
- BSC is not responsible for medical or healthcare bills that are acquired by a student-athlete who is assessed, evaluated or treated outside of the BSC healthcare provider's network without prior knowledge and written approval of the BSC Athletic Training department.

☐ Government issued secondary insurance policies (Tricare, Medicare, etc.) MAY NOT satisfy the primary insurance requirement. I understand that if the current policy does not act as a primary that the insured party will be responsible for all charges until the BSC secondary deductible has been satisfied. If I have a government issued insurance policy, I have discussed options and am aware of the discounted primary policy that BSC has in place.

Secondary Insurance Will Cover:	Secondary Insurance Will **NOT** Cover
☐ Any orthopedic charges related to an injury directly related to BSC athletic practice, games or travel	☐ Non-athletics related injuries ☐ General medical illnesses (cold, flu, allergies, cardiovascular, COVID etc.)
☐ All balances **AFTER**, the primary insurance has applied all discounts and payments	☐ **Primary deductibles** ☐ Claims denied by primary insurance (parents check primary insurance is in network)
☐ Durable medical devices deemed necessary for post-injury support (crutches, immobilizers, braces, supports, etc.)	☐ Prescriptions ☐ Non-necessary rehabilitation equipment (Cryotherapy units, Estim, etc.) – We keep these on hand in ATR
☐ Rehabilitation services for athletics related injuries (needs required written approval), which are based on visits allowed per Student Athlete's primary insurance	☐ Bills incurred by outside medical providers without prior written approval from athletic training staff
	☐ Pre-existing injuries

I/we have read and understand the Birmingham-Southern College Secondary Insurance Coverage policy.

_____ _____

Student's Parent/Guardian Signature Date

_____ _____

Student Athlete's Signature Date

Please return this page only and keep first page for your records.

Please attach a photocopy of the front and back of your current insurance card to the proper form.

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

INSURANCE INFORMATION

Athletics 13

Year of Eligibility: ☐ FR ☐ SO ☐ JR ☐ SR ☐ Redshirt (if yes) **Date:** ____/____/____

First Name: _____ **Last Name:** _____ **Date of Birth:** ____/____/____

Social Security Number: xxx - xx - xxxx **Age:** _____ **Sport:** _____

Primary Insurance Plan: ☐ Father's ☐ Mother's ☐ Guardian's ☐ Self

Policy Holder: _____ Birth date: ____/____/____

Policy Holder Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Insurance Type: ☐ HMO ☐ POS ☐ PPO Other: _____

Co. Address: _____ Group#/Plan: _____

_____ Policy Number (ID): _____

City: _____ Does this insurance cover durable medical equipment? ☐ YES ☐ NO

State: _____ Zip: _____ Does this insurance require a referral for treatment? ☐ YES ☐ NO

Insurance Phone: ____-____-____ Does this insurance cover athletic related injuries? ☐ YES ☐ NO

Does this insurance require a co-pay for office visits? ☐ YES ☐ NO

Employer: _____ Does this insurance require you to pay a deductible? ☐ YES ☐ NO

Work Phone ---------- _____ **If Yes, what is the deductible amount** $_____

Primary Insurance Plan: ☐ Father's ☐ Mother's ☐ Guardian's ☐ Self

Policy Holder: _____ Social Security Number: ____-____-____ Birth date: ____/____/____

Policy Holder Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Insurance Type: ☐ HMO ☐ POS ☐ PPO Other: _____

Co. Address: _____ Group#/Plan: _____

_____ Policy Number (ID): _____

City: _____ Does this insurance cover durable medical equipment? YES NO

State: _____ Zip: _____ Does this insurance require a referral for treatment? ☐ YES ☐ NO

Insurance Phone: ____-____-____ Does this insurance cover athletic related injuries? ☐ YES ☐ NO

Does this insurance require a co-pay for office visits? YES NO

Employer: _____ Does this insurance require you to pay a deductible? YES NO

Work Phone ---------- _____ **If Yes, what is the deductible amount $**_____

PCP's Name: _____ Physician Phone Number: ____-____-____

Please attach a photocopy of the front and back of your current insurance card to the proper form.

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

PRIMARY HEALTH INSURANCE CARD

Athletics 14

Please attach a copy of the front and back of your insurance card. Thank you.

Student Athlete Name:_____ Date of Birth: _____

Sport_____

FRONT

BACK

Parent/Guardian Contact Information			
Father's Name	_____	Mother's Name	_____
Home Address	_____	Home Address	_____
City/State/Zip	_____	City/State/Zip	_____
Date of Birth	_____-_____-_____	Date of Birth	_____-_____-_____
Cell Phone	-_____-_____	Cell Phone	-_____-_____
Work Phone	-_____-_____	Work Phone	-_____-_____
Home Phone	-_____-_____	Home Phone	-_____-_____
Email	_____	Email	_____

EMERGENCY CONTACT, if not parent/guardian:			
Name	_____	Relationship	_____
Cell Phone	_____-_____-_____	Work Phone	_____-_____-_____
Home Phone	_____-_____-_____	Email	_____

Secondary Insurance Information:
BSC Athletic Training
900 Arkadelphia Road
Box 549035
Birmingham, AL 35254

Please submit itemized medical bills and primary insurance explanation of benefits when filing a claim.

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rev 01/2022

BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

INFORMED CONSENT FOR MEDICAL TREATMENT Athletics 15

Personal Information:

First Name: _____ **Last Name:** _____ **Date of Birth:**____/____/____

Birmingham-Southern College employs Certified Athletic Trainers (ATC's) who are qualified to assess, treat, and rehabilitate injuries and illnesses you may incur while participating in our intercollegiate athletic program. The Staff Athletic Trainers' qualifications include: national certification (ATC) by the Board of Certification, Licensed by the Alabama State Board of Athletic Training, certification in First Aid/AED and Cardiopulmonary Resuscitation for the Professional Rescuer, and a minimum of a Bachelor's degree in the Athletic Training field.

I hereby grant my permission to the Birmingham-Southern College team physicians and athletic training staff to assess, treat and rehabilitate any injury that I may suffer as a result of my participation in the Birmingham-Southern College intercollegiate athletic program. I understand that any treatment, medical or surgical care that is provided to me will be done only if it is considered medically necessary for my health.

I hereby grant my permission to the Birmingham-Southern College team physician, and athletic training staff to refer me as they deem appropriate to the appropriate medical personnel, to a hospital, or any other medical facility for treatment for any injury or illness that I may suffer as a result of my participation in the Birmingham-Southern College intercollegiate athletic program.

I understand that it is my responsibility as a student-athlete, that should I suffer an injury, suspect a concussion, or become ill, to report the injury/concussion/illness to a member of Birmingham-Southern College Athletic Training Staff as soon as possible. Costs pertaining to an injury and/or illness not reported in a timely manner (48 hours) may be the responsibility of the student-athlete and/or his/her Parent/guardian(s).

_____	_____	____/____/_____
Student-Athlete Name	Student-Athlete Signature	Date
_____	_____	____/____/_____
Parent/Guardian Name	Parent/Guardian Signature	Date

Parent or guardian signature <u>REQUIRED</u> if student-athlete is under the age of 19

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

MEDICAL INFORMATION PRIVACY FORM

(HIPAA) & (FERPA)

Athletics 16

Personal Information:

First Name: _____ **Last Name:** _____ **Date of Birth:**____/____/____

Per the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) the following signature will authorize the athletic director, certified athletic trainers, team physicians and affiliated medical staff to communicate and view medical records and/or treatment records pertaining to health related issues as a result of my participation in the NCAA Athletic Program at Birmingham-Southern College. The following methods of communication and injury documentation can be used:

Oral, written, or electronic communication regarding health issues between the athletic trainer, the team physician and supporting medical staff.

Oral, written, or electronic communication regarding health issues between the athletic trainer, coaching staff and athletic director.

Oral, written, or electronic communication regarding health issues between the athletic trainer and the athlete's parents, (per athlete's request).

Oral, written, or electronic communication regarding health issues between the athletic trainer, the team physician, supporting medical staff and the Insurance Company, Carrier or TPA in which Birmingham-Southern College purchased Secondary Student Basic Accident Medical on my behalf.

I have read and understand the means of communication and documentation that will take place regarding my health history and any injury information and/or treatment records that may develop because of my involvement in athletics. This authorization/consent expired 6 years from the date of my signature below.

_____	_____	____/____/_____
Student-Athlete Name	Student-Athlete Signature	Date
_____	_____	____/____/_____
Parent/Guardian Name	Parent/Guardian Signature	Date

Parent/Guardian signature is REQUIRED if the student-athlete is claimed as a dependent and/or if medical insurance is through the parent/guardian.

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

ACKNOWLEDGEMENT OF RISK

Athletics 17

Personal Information:

First Name: _____ **Last Name:** _____ **Date of Birth:**____/____/____

I, hereby acknowledge that I have voluntarily applied to participate in the following intercollegiate athletics programs at Birmingham-Southern College. Please check all that apply.

☐ Football	☐ Men's Basketball	☐ Men's Track & Field	☐ Men's Golf
☐ Volleyball	☐ Women's Basketball	☐ Women's Track & Field	☐ Women's Golf
☐ Men's Soccer	☐ Softball	☐ Men's Lacrosse	☐ Men's Tennis
☐ Women's Soccer	☐ Baseball	☐ Women's Lacrosse	☐ Women's Tennis
☐ Men's Cross Country	☐ Women's Cross Country	☐ Women's Swim and Dive	
☐ Men's Swim and Dive			

Birmingham-Southern College has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instructions, well maintained equipment and facilities, proper conditioning programs, and adequate medical care.

The chances of an athlete sustaining a catastrophic sports injury are extremely remote, yet understand that serious injury can happen to anyone. Participation in your sport could result in death, serious head, neck and spinal injuries. Such injuries may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system or impairment to other aspects of your body, general health and wellbeing.

By signing this Acknowledgement of Risk Waiver, I hereby knowingly assume responsibility for any and all such risks and any and all resulting injuries, disease, illness or damage to my person arising from traveling to, participation in, or returning from athletic practices, competitions or any other athletics related event. I do hereby voluntarily choose to participate in intercollegiate athletics in spite of the inherent risks.

_____	_____	____/____/_____
Student-Athlete Name	Student-Athlete Signature	Date
_____	_____	____/____/_____
Parent/Guardian Name	Parent/Guardian Signature	Date

Parent or guardian signature <u>REQUIRED</u> if student-athlete is under the age of 19

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BIRMINGHAM-SOUTHERN

ATHLETIC TRAINING

Student-Athlete Authorization/Consent for
Disclosure of Protected Health Information Athletics 18

I,_____hereby authorize _____
Name of Student-Athlete Name of my Institution

and its physicians, athletic trainers and health care personnel to access my protected health information including, without limitation, any information regarding any injury, illness, treatment or participation related to or affecting my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA), and its designated employees, agents and/or contractors. I further authorize the NCAA to disclose, and/or use, such information as provided herein.

I understand that my participation and protected health information, including, without limitation, injuries or illnesses resulting from or affecting training for or participation in athletics, may be disclosed to, and/or used by, the NCAA, and any third party expressly authorized by the NCAA to receive such information for the purposes described in this paragraph. The information provides NCAA committees, athletics conferences and individual schools and NCAA-approved researchers with injury, relevant illness and participation information that does not identify individual student-athletes or schools. The data provide the Association and other groups with an information resource upon which to base and evaluate the effectiveness of health and safety rules and policy, and to study other sports medicine questions. Selected de-identified summary (aggregate) data also are made accessible to the general public as a service to further the general understanding of athletic injury patterns.

I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition or withhold any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

I understand that while HIPAA regulations may not apply to NCAA use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that my protected health information and any personal identifiers will be encrypted while being transmitted from my institution and, to the extent kept by the NCAA, that all such data will be stored securely within industry standards. I further understand that neither the NCAA nor its agents or contractors will identify me personally in any publication or disclosure of research results.

This authorization/consent for transfer of protected health information expires 545 days from the date of my signature below but I have the right to revoke it in writing at any time by sending written notification to the director of athletics at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

_____ _____
Printed Name of Student Athlete Student Athlete Signature Date

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Sickle Cell Waiver Form

Dear Parents or Guardians:

Enclosed you will find an informational flyer for your records from the NCAA about sickle cell trait and a Sickle Cell Trait form that needs to be returned to the Athletic Training Department prior to your child reporting to campus. Birmingham-Southern Athletics Department is asking that you either provide a copy of your child's newborn testing records for sickle cell trait or provide a recent sickle cell screening test result. You are also given the option to sign a waiver of the above 2 options but this is not recommended by the Birmingham-Southern Athletics Department. Whichever option is chosen, it must be completed before your child can participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions. Please mail the Sickle Cell Trait Form and testing results or signed waiver to:

900 Arkadelphia Road
Box 549035
Birmingham, AL 35254

If you have any further questions, please feel free to contact that Athletic Training Department at 205-226-4946. Thank you for your attention to this and helping us provide the safest environment possible for your child.

The Athletic Training Staff

Sickle Cell Waiver Form

I. About Sickle Cell Trait

1. Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells.

2. Sickle cell trait is a common condition (> three million Americans)

3. Although Sickle cell trait occurs most commonly in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.

4. Unlike persons with actual sickle cell disease, those with sickle cell trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with sickle cell trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause sudden collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks.

5. **Sickle Cell Trait Testing**

   The *NCAA* ***recommends*** that all student-athletes have knowledge of their sickle cell trait status. Athletes have the following options: 1) show proof of sickle cell testing done at birth; 2) consent to a blood test to check for the sickle cell trait; or 3) sign a waiver declining options 1 and 2. Whichever option is chosen, it must be completed before the student-athlete participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions.

6. Athletes who test positive for the trait will not be prohibited from participating in intercollegiate athletics.

II. Please provide the following information:

1. Copy of student's newborn sickle cell testing result attached._____ Date: _____

2. Copy of recent sickle cell screening test result attached. _____ Date: _____

3. **SICKLE CELL TESTING WAIVER:**

I,_____, understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. I have read and fully understand the aforementioned facts and University policy about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the **Birmingham-Southern College** Athletics Department.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Birmingham-Southern College, its officers, employees, agents and their successors and assigns from any and all costs, claims, injury, damages or expenses, including attorney's fees, arising from any loss, damages, or personal injury that might result from my refusal to be tested. I understand and will be responsible for any & all medical bills that may be incurred on my behalf for physical illness or injury that I may sustain during any athletics events that include traveling to, participation in, or returning from athletic practices, competitions or any other athletics related events.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 19 years of age and competent to sign this waiver.

_____
Student's Signature (Date)

_____
Print Student's Name

College Student ID#: _____

Sport: _____

_____
Parent/Guardian's Signature ***(only required if the student is under 19 years of age)***

_____
Print Parent/Guardian's Name

_____
Witness Signature Date

Concussion Information Sheet

What is a concussion: Any damage to the brain caused by an outside force
- Acute: Traumatic Brain Injury (TBI)
- Chronic: Chronic Traumatic Encephalopathy (CTE)

Mechanisms of a Concussion: Does NOT have to be a direct contact to the head
- Does NOT have to result in loss of consciousness
- Every hit to the head does not result in a concussion
- In some cases it takes 24-48 hours for symptoms to arise

Physical Signs and Symptoms of a Concussion:

-Has a headache that gets worse
-Unequal/non-responsive pupils
-Can't recognize people or places
-Sensitivity to light/sounds
-Blurred/abnormal vision
-Balance problems
-Hearing changes
-Numbness/tingling
-Change in pulse and/or blood pressure
-Behaves unusually/ Dazed
-Dizziness
-Nausea/vomiting

Cognitive Signs and Symptoms:

-Memory loss
-Difficulty concentrating
-Difficulty reasoning
-Loss of consciousness
- Acute disordered sleeping patterns
-Lethargic responses

Emotional Signs and Symptoms:

-Irritability
-Sadness
-Anxiety/Nervousness
-Unusual bouncing between emotions

Physical Long Term Effects:

When managed properly, most concussion heal completely and result in no/minimal long term damage
When improperly managed very serious side effects can occur
- 2nd impact syndrome: Obtaining a second concussion before 1st is healed

What to do?
- Report any concussive symptoms to a coach, athletic trainer or team physician as soon as possible
- The sooner management protocols are set in motion the faster and safer a student-athlete can return to activity and competition.
- If you have a friend or teammate who is experiencing symptoms following a physical traumatic event notify coaching or sports medicine staff as soon as possible

Management of a Concussion:
- **Initial evaluation**
  - Physical evaluation performed by team physician or athletic trainer
  - If necessary a second evaluation will be performed by a team physician if they are not present at athletic trainers assessment
- **Symptoms Checklist**
  - SCAT 2 – Sport Concussion Assessment Tool, 2nd version
  - If both show inconclusive results an ImPACT electronic assessment tool will be used as a 3rd evaluation instrument
- If concussion is deemed severe enough or is not responding to treatment a separate evaluation will be performed by a neurophysiologist
- If it is deemed a concussion has been sustained athlete will be removed from all physical and mental activity possible
- If stable athlete will begin resting to allow brain to begin healing
- If worsening athlete will be referred to the closest emergency room or team physician if available
- Studies have shown that the less mental activity initially following a concussion (2-5 days) showed direct correlation with rate of healing for the respective concussion symptoms [Minimal reading, texting, TV, direct light exposure, etc.]
- Symptoms will be monitored every 24-48 hours until 100% symptom free.
- Once symptom free an ImPACT test will be proctored to be sure that underlying brain activity has returned to normal
- If ImPACT results are back to baseline the Return To Play Protocol will be initiated one it has been approved by team physician

Return to Play Protocol: 5-day progressive protocol

- May be extended to 7-10 days for those with multiple (3-4+) concussions
- Starts after being symptoms free for 24 hours and a passing ImPACT test
- If at any time symptoms returns the protocol goes back to rest symptom free for 24 hours.
  - Day 1: light aerobic exercise (approximately 30 min)
  - Day 2: Moderate aerobic exercise (45-60 minutes)
  - Day 3: Combination of aerobic and resistance exercise
  - Day 4: Full non-contact practice/simulated practice and progress resistance training
  - Day 5: Full normal practice/competition: NO game clearance unless advised that it is OK by team physician
  - Day 6: Full normal unrestricted sports activity

Concussion Facts:

- Not every hit to the head results in a concussion
  - Seek medical advice from ATC or team physician to make 100% sure
- With proper management vast majority of concussions heal with no long term effects
- It is YOUR responsibility to report concussive symptoms
  - It is not the Athletic Trainers and Team Physicians job to hold players from competition, it is our job to make sure you are as safe as possible for competition and to return athletes to activity and educational aspects as safely and efficiently as possible
  - Help us help you
- MRI/CT will only show a brain bleed indicated by symptom severity rapidly increasing
  - Imaging does NOT make a concussion heal faster
  - There is no single test to diagnose a concussion
- You can take Tylenol for pain if advised to
  - NO other drugs/medications unless otherwise advised
  - You can sleep normally and do not need woken up at night

Birmingham-Southern College Concussion Information Session Check Sheet

It is the goal of the Birmingham-Southern Athletics Department and Athletic Training Department to educate student-athletes and coaches on the subject of sports related concussions. With this knowledge it is our aspirations to make college athletics a safer and competitive environment with the most up to date concussion information and management strategies. Please **initial next to each statement** below noting the information was covered and all questions we're answered to the full degree of understanding of the signing individual.

____ I confirm that I read the Concussion Information Sheet in its entirety

____ I confirm that I was educated on the signs and symptoms of a concussion

____ I confirm that I was educated on possible short and long term effects of concussions

____ I confirm that I was educated on proper management strategies of concussions in conjunction with the current NCAA guidelines

____ I agree that I will report any concussive like symptoms to a credentialed sports medicine professional for further evaluation before returning to physical activity, team related or not

____ I agree that all of my questions regarding concussions and any respective aspect are answered to the fulfillment of my desired knowledge

Name (Print) _____ Date_____
Name (Signature)_____ Date_____

BSC Informed Consent for Drug Testing Form

The Athletics Department at Birmingham-Southern College, its coaching personnel, physicians, certified athletic trainers, administrators, and staff strongly believes that the use of drugs (excluding those prescribed by a licensed physician to treat a specific medical condition) can be detrimental to the short and long term physical and mental wellbeing of its student-athletes. In addition, the use or abuse of these illegal drugs can seriously interfere with the performance of individuals' academics as well as athletics performance.

This program is in addition to the NCAA Drug-Testing Program and Procedures. BSC may amend, alter or revise this Drug Screening Policy at any time without notice.

By signing below, I hereby understand that:

- ☐ I have read the afore BSC Athletics Drug Screening Policy and Procedures form
- ☐ This institutional testing is in addition to the NCAA testing and only tests for illegal street drugs and illegal performance enhancement substances (no alcohol, prescribed medications, etc. will be tested)
- ☐ The FDA does no control dietary supplements so use of said dietary supplement may result in a positive drug test
- ☐ Selection for testing is random based on roster size, unless reasonable suspicion is present
- ☐ I, and my respective teams head coach, will be notified both verbally and in writing upon selection of testing 24 hours prior to testing date
- ☐ Specimen samples can be obtained twice on the assigned collection date for convenience (7-8am, common hour)
- ☐ Results will be kept 100% confidential between the student-athlete, athletic training staff, head coach of respective sport and athletics director. If student-athlete is under the age of 19 parents will also be notified.
- ☐ There is a 3 stage consequence system based on the number of positive testing results
- ☐ I have provided the BSC athletic training staff written documentation of all current medications and will keep medication list current in conjunction with the Medical Exception Process clause
- ☐ In accordance will the Safe Haven Clause that I will report any drug problem I may have with no consequences so that proper referral/help can be given. Even with this I will still be tested for documentation purposes.

Name_____ Signature_____ Date_____

If under the age of 19:

Parent Name_____ Parent Signature_____ Date_____

BSC ECG Release Form

Birmingham-Southern College is proud to be able to offer Electrocardiograms (ECG or EKG) for its student-athletes as part of their first year physical process. By doing this we are better able to determine that the student-athlete is physically fit to safely participate in collegiate athletics. These ECGs will be collected then assessed by our group of team physicians. If any are found to find a potential pathology they will be referred to an appropriate cardiologist. Copies of the ECGs will be kept in the student-athletes medical file in the case that it should be needed as a baseline in the future. Files are kept by Birmingham-Southern's Athletic Training Department for 10 years from graduation and can be requested in person or by writing at any time. Further information regarding the ECG Testing done at BSC:

- ECG results will be kept 100% confidential in alignment with BSC Medical Information Privacy from (HIPPA and FERPA)
- ECG testing is free of charge for the student-athlete
- ECG results will be interpreted by a licensed physician and referred if deemed necessary
    - Medical costs inherited by positive findings will be the responsibility of the student-athlete and/or parent as this would be a pre-existing condition
- **ECG results in no means automatically disqualifies the student-athlete from participation**
    - These tests are done for informational purposes only. Final participation decisions will be made in conjunction with a licensed cardiologist, student-athlete and student-athletes parents.
- ECG results will be kept on file for 10 years from graduation date and may be requested at any time.

By signing below, I confirm that all of my questions regarding ECG testing for BSC student-athletes below have been answered to my desired level knowledge and understanding.

I, (print)_____give full permission to the BSC sports medicine staff to collect an ECG reading prior to my participation in collegiate athletics at Birmingham-Southern College. I understand that my testing results are for informational purposes only and will be kept confidential to myself and the Birmingham-Southern Sports Medicine Team.

Name_____ Signature_____ Date_____

If student-athlete is under the age of 19:

Parent Name _____ Signature_____ Date_____

Parent or guardian signature REQUIRED if student-athlete is under the age of 19