

University of Wisconsin – Stevens Point Athletics
Returning Athlete Medical Forms

Dear UWSP Athlete:

We are extremely pleased to have your son/daughter as a student athlete at the University of Wisconsin – Stevens Point. This letter will detail the necessary medical/insurance forms your son/daughter must fill out prior to competing (games or practice) in intercollegiate athletics. All forms are included in this packet and must be filled out completely. We wish your son/daughter much success in their academic and athletic endeavors.

UWSP Athletic Training Staff

- **Medical Coverage:** UWSP employs five Certified Athletic Trainers (ATC's) to provide athletic medical coverage for all UWSP home events and practices. The ATC's provide complete athletic injury prevention, assessment, treatment, rehabilitation, and consultation services to all UWSP student-athletes.

- **Team Physicians:** UWSP works with an Orthopedic Physician and medical professionals affiliated with the Klasinski Clinic and Aspirus Hospital and Clinics. The team physician provides event coverage, referral, and evaluation services to the student-athletes. The team physician visits the athletic training facility weekly to evaluate athletic related injuries incurred by the student-athletes. All student-athletes **MUST** be evaluated by an ATC prior to seeing a team physician.

Eligibility for Athletic Participation

- All student-athletes must have the following up-to-date forms on file in the athletic training facility prior to participation in intercollegiate practices or contests:
 - UWSP Annual Health Questionnaire (returning student- athletes)
 - UWSP Returning Athlete Insurance form (to be completed at the sport's eligibility meeting)
 - UWSP Hold Harmless (to be completed at the sport's eligibility meeting)
 - HIPAA Form (to be completed at the sport's eligibility meeting)
- All student-athletes who report with an existing condition (post-surgery, chronic injury, etc.) must be evaluated by the athletic training staff and/or team physician prior to participation.
- **The UWSP Team Physician has the final say on the participation of an injured/ill student-athlete.**

Medical Forms

- **UWSP Annual Health Questionnaire:**
 - All returning UWSP athletes must complete the Annual Health Questionnaire. The questionnaire includes all relevant health questions and gives the athlete an opportunity to report and health status changes from last medical examination.

 - **Any athlete who has not completed the Annual Health Questionnaire(to UWSP requirements) will NOT be allowed to engage in contests or practice sessions.**

- **UWSP Insurance Form**
 - All athletes must have their own medical insurance. The University assumes no legal obligation to pay any such medical expenses due to an injury/illness suffered during athletic competition. The athlete must have minimal insurance coverage to compete in intercollegiate athletics.

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- Each individual is responsible for his/her own medical expenses through his/her own individual or family insurance plan.
- Athletes will not be allowed to participate without a completed medical insurance form. Returning athletes need to verify the existing information, initial, and date the form. The medical insurance form can be obtained from the athletic training room.
- **Returning athletes whose insurance information has not changed may initial and date the current insurance form. The form is located in the athlete's file in the UWSP athletic training facility.**
- Short-term or long-term insurance can be attained from
Community Insurance Store
2625 Church Street
(715)344-2222
Email: cispoint@g2a.net

Contact Information

Head Athletic Trainer

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		Date	If yes, please explain
Are you currently taking any medication? (include ADHD , over the counter meds, birth control pills, or other prescription meds, etc.)	Yes/No		If taking medication for ADHD, please include the following with your physical forms. a. Record of the student-athlete's evaluation. b. Statement of the Diagnosis, including when it was confirmed. c. History of ADHD treatment (previous/ongoing). d. Copy of the most recent prescription (as documented by the prescribing physician).
Are you currently taking any herbal or dietary supplements? (creatine, ripped fuel, ma huang, thermogenics, etc.)	Yes/No		If yes, which supplements?
Has your doctor ever said you have heart trouble?	Yes/No		
Do you frequently have pain, pressure or discomfort in your chest or heart? Has your heart ever beat unevenly or irregularly, seem to flutter or skip beats, or suddenly beat rapidly for short periods of time?	Yes/No		
Has your doctor ever said your blood pressure is too high (> 140/90 hypertension)?	Yes/No		
Has your doctor ever told you that you have any respiratory problems (e.g. COPD, asthma, exercise-induced asthma, chronic bronchitis)?	Yes/No		
Has your doctor ever told you that you have a bone or joint problems (such as arthritis, rheumatism, gout, low back problems, sprains, dislocations, fractures) that has been aggravated by exercise or might be made worse by exercise?	Yes/No		
Do you often feel faint or have spells of severe dizziness or have you ever fainted while physically exercising?	Yes/No		
Have you ever had a concussion or been knocked unconscious?	Yes/No		Number of Concussions?/Time Loss Due to each?
Do you have a blood relative in your immediate family (parent, brother, sister) who has had a heart attack or coronary artery by-pass before the age of 55?	Yes/No		

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		Date	If yes, please explain
Do you use tobacco?	Yes/No		Type/How much?/How often?
Has your doctor ever said you have high "lipids" (cholesterol and triglycerides) or fats in your blood?	Yes/No		
Has your mother or father had a heart attack or stroke under the age of 60?	Yes/No		
Do you have any history of serious back problems?	Yes/No		
Do you have any muscular or skeletal problems that would interfere with sports participation?	Yes/No		
Was your last tetanus immunization 10 or more years ago?	Yes/No		
MALES: Do you perform testicle exams? FEMALES: Do you perform self-breast exams?	Yes/No		
FEMALES: How many cycles have you had in the last year?			
FEMALES: Does your menstrual cycle fluxuate with activity?	Yes/No		
Are you missing any one of a paired organ? (testicle, kidney, lung, etc.)	Yes/No		
Have you ever suffered from or have a history of heat exhaustion, cramps, or stroke?	Yes/No		
Do you have any allergies?	Yes/No		If yes, what?
Have you ever been diagnosed as anemic?	Yes/No		If yes, when?
Do you know of, or do you believe there is, any health reason why you should not participate in the UWSP intercollegiate athletic program at this time?	Yes/No		

More on next page....

The undersigned, herewith:

- A. Understands that he or she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the team physician or certified athletic training staff to restart participation despite continuing treatment.
- B. Understands that having passed the physical examination does not necessarily mean that he she is physically qualified to engage in athletics, but only that the evaluator did not find medical reason to disqualify him or her at the time of said examination.
- C. Certifies that the answers to the preceding questions are correct and true.

SIGNED _____

DATE _____

Permission to Provide Medical Treatment

I, _____ hereby give permission to undergo medical treatment for any injury/illness that I sustain or acquire while engaged in intercollegiate athletics at the University of Wisconsin – Stevens Point (UWSP). I understand that the medical personnel at UWSP, including certified athletic trainers, physicians, physicians assistants, and physical therapists will only perform those procedures that are within their training, scope of professional practice, and the State of Wisconsin Practice Act to prevent, care for, and rehabilitate activity related injuries/illness.

Having understood the above statement, I freely sign this Permission to Provide Medical Treatment.

SIGNED _____

DATE _____

ATHLETIC TRAINING FACILITY USE ONLY

Referral to Team Physician: Yes No

Consent to Treat Yes No

Explanation:

History Form Reviewed by:

Team Physician

Staff Certified Athletic Trainer
