

Today's Date_____

University of Rochester

Physical Examination Update

NCAA Health Questionnaire for the Student-Athlete

This form must be completed by all returning student-athletes before they will be permitted to practice or play. The National Collegiate Athletic Association's policies recommend that all student-athletes have a qualifying medical evaluation upon initial entrance into an institution's intercollegiate athletic program, and an annual "Health Status" review. University of Rochester supports this NCAA guideline.

Further medical evaluations may be required for specific matters.

Name_____ Sport_____ Gender_____

Campus Address_____ Email_____

_____ Cell Phone#_____

Graduation Year_____ DOB_____ Age_____ Student ID_____

Birthplace_____ Undergraduate School_____

PARENTS OR GUARDIAN INFORMATION

Mothers Name_____ Fathers Name_____

Home Address_____

Home Telephone_____

EMERGENCY CONTACT INFORMATION (if same as above write "same as above:)

Emergency Contact Name_____

Phone Number_____

Health Insurance Co Name_____

Policy ID#_____

Address_____

Exp Date_____

Phone #_____

Does this policy cover the athlete?_____

The following questions must have current answers by the student-athlete

- | | | |
|--|---|---|
| 1. Have you been hospitalized with a major illness in the last 12 months? | Y | N |
| 2. Are you currently ill in any way? | Y | N |
| 3. Have you had a major injury (including cerebral concussion) in the last 12 months? | Y | N |
| 4. Do you currently have any incompletely healed injury? | Y | N |
| 5. Are you taking any medication on a regular or continuing basis? | Y | N |
| 6. Are you currently taking any short-course medication for specific current illness, etc? | Y | N |
| 7. Do you use any special protective or corrective equipment that isn't usually used for your sport or position (knee brace, neck roll, orthotics, retainer for teeth, hearing aid)? | Y | N |
| 8. Do you want to? Please circle: weigh more or less than you do now | Y | N |
| 9. Do you lose weight regularly to meet weight requirements for your sport? | Y | N |
| 10. Do you feel stressed out? | Y | N |
| 11. Do you know of or do you believe there is any health reason why you should not participate in the University of Rochester Intercollegiate Athletic Program at this time? | Y | N |
| 12. Do you have any questions or would you like to be seen by the team physician? | Y | N |

FEMALES ONLY

When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____
Have you missed more than 3 menstrual periods in the past 12 months? _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

The undersigned, herewith:

- A. Understands that I must refrain from the practice or play while ill or injured whether or not receiving medical treatment until I am discharged from treatment or am given permission by the clinical practitioner to restart participation despite continuing treatment
- B. Understands that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the evaluator did not find medical reason to disqualify me at the time of said examination
- C. Certifies that the answers to the questions above are correct and true.

Athlete's Signature: _____

Athletic Trainers Signature: _____ Reviewed by: _____

CLEARED

CLEARED PENDING EVALUATION

NOT CLEARED

ATTENTION: ASSUMPTION OF RISK FORM

Please read and sign.

Participation in sport requires an acceptance of risk of injury that is higher than for the general population of students. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of significant injury. However, it is also the responsibility of you, the athlete, to aid us in our quest to provide you with safe, enjoyable athletic participation. You can aid this goal by:

1. Participating in a year-round fitness program that includes strengthening, endurance and flexibility activities.
2. Preparing yourself for practice in hot weather by gradual acclimation to training in heat during the summer months.
3. Reporting all injuries and illnesses to the Staff Certified Athletic Trainers when they occur, including signs and symptoms of concussions.
4. Reporting all dangerous obstacles on fields and courts.
5. Wearing all protective equipment that is recommended/required by the official rules of your sport.

Despite everyone's best effort, athletic injuries will occur. For instance, a major knee injury is a distinct possibility for athletes in any sport. The chance of you receiving a knee injury can be minimized by strengthening the muscles that support the ligaments of the knee. Upon request, the Athletic Training staff will supply you with instructions on techniques for strengthening of these muscles, as well as means of protecting and rehabilitating any old injuries.

A partial list of injuries that can occur includes: sprains and tears of ligaments, muscle strains and tears, facial injuries, fractures, dislocations, head and neck injuries, and heat stroke. No athlete, regardless of sport, can be expected to be completely free of injury.

I have read and understand the above statement and I am willing to assume the higher risk of injury resulting in my participation in the University of Rochester's Athletics Program.

Name _____
(student) Please print

Date _____

Signed _____

parent if under 18 years of age

Sport _____

University of Rochester Sports Medicine Medication and Supplement Review

Name _____

Sport _____

Class Year _____

Phone _____

Medications- Please list all medications you are currently taking. Include all prescription and non-prescription (over the counter) medications. Include reason for the medication.

Supplements- Please list all dietary and performance enhancing supplements you are currently taking. Include all vitamins and minerals, weight supplements and diet supplements. Please include purpose of each supplement.

Medicine Allergies- Please list any allergies to medications and or supplements.

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

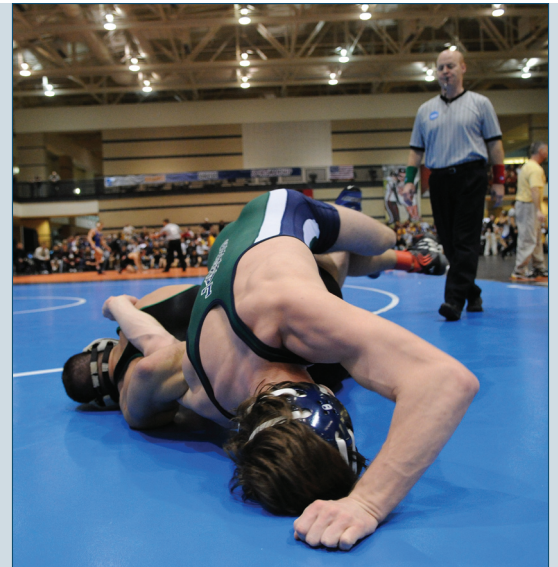
WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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University of Rochester Student-Athlete Concussion Statement

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to
Initial my team physician or athletic trainer.

_____ A concussion can affect my ability to perform everyday activities, and
Initial affect reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the
Initial symptoms right away. Other symptoms can show up hours or days
after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for
Initial reporting the injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow
Initial to the head or body that results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. You are much
Initial more likely to have a repeat concussion if you return to play before
your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage,
Initial and even death.

Name _____
(student) Please print

Date _____

Signed _____

Parent if under 18 years of age

Sport _____

Emergency Information Travel Form

Please print

Date _____ Athletic Team _____

Name _____
Last Name First Name

Class Year _____ College _____ Student ID# _____

Campus Address _____ Cell Phone# _____

Date of Birth _____ Age _____ Birthplace _____

Parents/Guardians Names: Father _____ Mother _____

Parents Address _____

Home Phone# _____

Who To Call In Case Of Emergency: (If same as above write "same as above")

Name _____

Telephone _____

List all medications taken regularly for Allergies, Diabetes, Epilepsy, Etc.:

List all medication you are allergic to:

Do you wear contact lenses? Yes No

Health Insurance Co. Name _____ Policy ID# _____

Address _____

Phone # _____ Expiration Date _____