

Physical Paperwork Worksheet

SPORT: _____ Physical forms deadline: _____

Athlete's Name _____

YOU WILL MISS TRY-OUTS/ PRACTICE TIME IF YOU SUBMIT LATE, INCOMPLETE OR INACCURATE FORMS

Requirement check list to TRYOUT OR PARTICIPATE in ANY VARSITY SPORT :

NEW STUDENT ATHELETE/TRANSFER

- 1. Schedule a **physical** either with your family physician at home or you may schedule on campus at the health and wellness center (814-949-5540) www.altoona.psu.edu/healthwellness , you must have an active PSU ID, please take the pre- participation physical packet with you to your appointment. These forms can be obtained by visiting: www.altoona.psu.edu/sports/athletictraining.htm
 - 2. Complete the sports information packet (**try out packet**), which consist of 4 pages. Information in this packet includes **your emergency contacts, insurance information, consent to treat, and assumption of risk**. Again this form can be found on www.altoona.psu.edu/sports/athletictraining.htm
 - Provide a **copy** of your insurance card. IF you **DO NOT** have insurance please fill out the affidavit of no insurance form, which you can obtain from the certified athletic trainer.
 - 3. SICKLE cell testing results!!!! You may have these on file at your pediatrician's office. It would be under the blood work, Hemoglobin. IF you do not, you will need to obtain a script during your physical to get the bloodwork completed. The athletic training staff must have the document stating whether you are positive or negative for the trait on file. This is a **one-time test** that will stay on file during your athletic participation at Penn state Altoona. This is NCAA required and will not be reimbursed by Penn State.
 - There is **NO WAIVER** for the sickle cell test at Penn State Altoona. The NCAA requires sickle cell testing. Most insurance will **not** cover this test, it will be an out of pocket expense for the athlete.
 - 4. IMPACT testing (concussion testing) will be done under the supervision of the athletic trainer or athletic staff prior to your first practice. This is part of the physical; it cannot be completed prior to arriving on campus.
 - **RETURNERS** – Physical (can be completed at Health and wellness center or home location)
1. Sports information packet (try out form) 2. Impact testing- for those that suffered during the year.

PENN STATE ALTOONA SPORTS MEDICINE INFORMATION

Athlete's *Full* Name _____ Sport: _____ PSU ID # _____

Year in school (Please circle): Fr. Soph. Jr. Sr. Age _____ Date of Birth _____
International student (please circle) Yes NO

Permanent (Home) Address _____
Address city state zip

Local (Altoona) Address: _____
Address city state zip

Local apt/cell Phone #(s) _____ PSU Email _____

List two (2) persons to contact in the event of an emergency during your participation and travel with athletics. List a parent if you want them contacted, but also list someone else as an alternate. Provide afternoon, evening, and weekend contacts as necessary.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Alternate Phone _____ Alternate Phone _____

Relationship _____ Relationship _____

Are you allergic to any medications? _____ If yes, please list: _____

Do you have any other allergies? _____ If yes, please list: _____

Please list any medical problems, orthopedic problems, chronic illnesses, past medical history, or any other information of which the athletic trainer and/or coaching staff should be aware: _____

Please list any medications that you are presently taking or that you routinely take, and why _____

This information is for the use of the sports medicine, coaching staff, & my contacts listed above in the event of emergency or injury to me during athletic participation and travel. I assume a risk of injury while participating and traveling with Penn State Altoona athletics. I have provided the above information and it is true to the best of my knowledge.

In the event of an accident requiring medical attention, I hereby grant permission to the sports medicine staff and athletic staff designated by Penn State Altoona to attend to& discuss my condition. In the event of a medical emergency requiring further Emergency Medical Services, I hereby grant permission to appropriate medical staff (EMS personnel, Emergency Room staff, host certified athletic trainer, dentists, medical practitioners, etc.) to attend to me. I expect that every effort will be made to provide information to me and/or to my above contact person(s) in order to receive specific directions/authorizations before any such treatment or hospitalization is undertaken.

Athlete's signature: _____

Parent's signature (required for 17 years old or younger): _____

Penn State Altoona Athletic Medical Insurance Form (this MUST be completely filled out)

Athlete's *Full* Name _____ Sport: _____

Circle: Male / Female Birthdate _____ age: _____ PSU ID: _____
Phone #: _____ Email: _____

Parent/Guardian Information: This information is necessary for insurance purposes: **IT MUST BE FILLED OUT!!!**

Father/Guardian Name _____ Mother/Guardian Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Father's employment status? (Please circle):

Employed/self-employed/ Retired/Unemployed/Deceased
Other _____

Mother's employment status? (Please circle):

Employed/self-employed/Retired/Unemployed/Deceased
Other _____

Employer/ business name _____ Employer/business name _____
(If self- employed, what is the name of the business and give *business* address, phone, etc)

Employer's address _____ Employer's address _____

City/State/Zip _____ City/State/Zip _____

Employer/business phone _____ Employer/business phone _____

Insurance Co _____ Insurance Co _____

Member ID _____ Member ID _____

Group# _____ Group# _____

Health Insurance – Medical Coverage

Do you have health insurance? **Yes Or No (please circle one)**

If YES, you **MUST** provide a **COPY** of your card. Please turn in with this form.

If NO please complete the **affidavit of no insurance form** (you can obtain from athletic trainer)

If YES, who is the subscriber of your health insurance plan? Your health insurance is carried through your?

I have medical insurance through:

Please check one:

Mother ___ Father ___ Guardian ___ Spouse ___ Self ___ Step father ___ Step mother ___ Other _____

If the subscriber of your insurance is someone ***other than your mother/father listed above***, please complete:

Name of subscriber _____ Relation to you _____

Name of subscriber's employer _____

Employer's address: _____

City/State/Zip: _____

Employer's phone: _____

Insurance Company Name & member ID: _____

Are you married? (please circle) Y/N If yes, please complete:

Spouse's Full Name _____
 Spouse Employer/business name _____ Employer Address _____
 Employer phone _____ City/State/Zip _____
 Insurance Co _____ Policy # _____

PENN STATE ALTOONA SPORTS MEDICINE
Assumption of Risk

Athlete's Name _____ Sport _____

Several items that you should know before you begin your participation in athletics:

1. There is an element of danger in all sports. By participating in sports, you assume risk. Injuries or even death could occur. It is your responsibility to report any **pre-existing or new** medical conditions.
2. In the event that you sustain an injury during your participation, please report it to your coach and to the athletic trainer within **24 hours**. The athletic trainer will then submit your injury claim to Penn State's insurance company, BMI, Bob McCloskey Insurance.
3. Penn State Altoona offers an excess (secondary) insurance plan. Your parent/guardian's health insurance is still your **primary** coverage. Our athletic insurance helps to pay reasonable and customary charges after your primary coverage is exhausted. Your injury **MUST** reported within **24 hours**. Failure to report your injury within 24 hours to the ATC will result in exemption of utilization of the secondary insurance by PSU.
4. Should you sustain an injury; the athletic trainer will complete the necessary injury claim forms. Therefore it is **your immediate responsibility** to report the injury as soon as possible and also to inform the athletic trainer if your primary health insurance information has changed (i.e., your parent changed policies, your parent changed employment, you no longer have insurance).
5. **DO NOT** pay any invoices or balances before proper procedures and claims have been made. Prepayments could cause failures to receive payments in full. Please submit unpaid balances/invoices to the athletic trainer. To insure proper payment please submit, paper clipped (EOB) explanation of benefits, this will state on it that it is NOT A BILL, and the actual bill of what the insurance company did not pay. This needs to be done in a timely manner and directed towards the certified athletic trainer.
6. As far as co-pays, you need to pay those to your medical provider, however, please obtain a receipt and match it to your EOB. This can also be turned in to the certified athletic trainer.
7. If you have medical insurance, you must submit your insurance information by downloading, printing and completing these 'Try-Out Forms'. If you are not covered by medical insurance, please inform the athletic trainer and complete an affidavit form. Keep in mind that **if your insurance status changes**, you are obligated to inform the athletic trainer of the change as soon as possible.
8. In cases where the athletic insurance or family insurance does not cover the entire cost of the accident, it is the responsibility of the athlete to pay the additional medical costs.

I have read and understand the information above.

(Print Athlete's full name)

Signature of Athlete (or parent/guardian if under the age of 18)

(Date)

Consent to Treat Penn State Altoona Sports medicine

I have completed the ‘Try-Out Forms’ which include emergency contacts and insurance information (<http://www.altoona.psu.edu/sports/athletictraining.htm>). I also received my sports physical examination to participate in intercollegiate athletics at Penn State Altoona. The information that I submitted is for the use of the Penn State Altoona, sports medicine team and certified athletic trainers. During travel, the Penn State Altoona coaching staff will be traveling with my ER contacts and insurance information and may provide it to host certified athletic trainers in emergency situations ONLY. This information will be kept in a secure place while traveling.

Health information, prior surgery, existing health condition, etc., will be released to the Penn State Altoona Coaching staff of your sport of choice, as determined by the Penn State Altoona sports medicine team. Penn State Altoona, abides by HIPAA laws and regulations, while ensuring our athletes health and well-being. I assume a risk of injury while participating and traveling with Penn State Altoona athletics. I have provided my health and medical information and it is true to the best of my knowledge.

In the event of an accident requiring medical attention, I hereby grant permission to the sports medicine staff and athletic staff designated by Penn State Altoona to attend to & discuss my condition. In the event of a medical emergency requiring further Emergency Medical Services, I hereby grant permission to appropriate medical staff (EMS personnel, Emergency Room staff, host certified athletic trainer, dentists, medical practitioners, etc.) to attend to me. I expect that every effort will be made to provide information to me and/or to my emergency contact person(s) in order to receive specific directions/authorizations before any such treatment or hospitalization is undertaken.

I authorize Penn State Altoona representatives to release and receive information pertaining to my medical records and to any current course of treatment. This includes, but is not limited to, physicians, hospitals, other medical facilities and insurance companies. I understand that this information may be transferred orally, electronically or written.

(Print Athlete’s full name)

Signature of Athlete (or parent/guardian if under the age of 18)

Date

Sport (circle all that apply):

Men’s Cross Country	Women’s Cross Country	Volleyball
Men’s Soccer	Women’s Soccer	Golf
Men’s Tennis	Women’s Tennis	Swimming/Diving
Baseball	Softball	Bowling
Men’s Basketball	Women’s Basketball	

CLUB/Organizational Teams:

Cheerleading	Dance
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