

Dear Alderson Broaddus University Student-Athlete:

Welcome back for another exciting year at Alderson Broaddus University! In preparation for the upcoming academic year and your participation in intercollegiate athletics, we ask that you please read this carefully as it will explain our health care program and tell you what your responsibilities are to become eligible for participation.

Before you can participate in any activity associated with Intercollegiate Athletics you are required to have updated immunizations and a complete physical examination performed by a physician. **Pages 1-3 of the Student Health Assessment are to be completed by the student. Pages 4 & 5 (if needed) are to be completed by a physician.** Please be sure that the physician completes every required field. Should your physician have any questions about the form requirements, please do not hesitate to contact the Office of Student Affairs at the number listed below.

The sports medicine staff will not accept any other forms of paperwork. In addition, the NCAA requires that all Division II incoming student-athletes have a Sick Cell Screening completed or sign a written release declining the test. All forms in the packet must be properly completed and sent to the University by August 1.

Our insurance program is an excess plan. You provide your own primary health insurance coverage. If there is a claim, your insurance will pay until your benefits have been exhausted. Our excess policy may cover the remaining amount. The athletics department insurance will not participate in any claims that are pre-existing or those that are not associated with the practice or play of intercollegiate athletics. There is a section on our website that has a frequently asked questions page if you have questions.

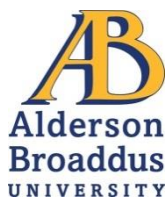
Submission Information:

Alderson Broaddus University
Office of Student Affairs
101 College Hill Drive
Box 2092
Philippi, WV 26416
Email: studentaffairs@ab.edu
Fax: (304) 457-6213

The Alderson Broaddus Sports Medicine team has a full complement of health care professionals to tend to any illness or injury. If you have any questions, please visit the athletic training section at gobattlers.com. Thank you for your assistance and we look forward to working with you! GO BATTLERS!

Sincerely,

The Office of Student Affairs and The Alderson Broaddus Sports Medicine Staff



Returning Athlete Student Health Assessment

Office of Student Affairs | Box 2062 | 101 College Hill Dr. | Philippi WV 26416 | Fax: 304-457-6482

Student Information Form

Last Name:		First Name:		MI:
Date of Birth: (MM/DD/YY)	Home Address:			
City:	State:	Zip Code:	Country:	
Home Phone Number:	Cell Phone Number:		Sport (If an ABU Athlete):	
Please list all Medications:				
Please list all Allergies:				

Emergency Contact Information (Please Fill Both)

Name:	Relationship:	Name:	Relationship:
Address:		Address:	
Primary Phone Number:	E-Mail Address:	Primary Phone Number:	E-Mail Address:

Insurance Information

Name of Policy Holder		Insurance Company	
Policy Number:		Policy Holder's Home Address:	
Policy Holder's Employer	Employer's Address		Employer's Phone Number

Please return form to: Alderson Broaddus University, Office of Student Affairs, Box 2092, 101 College Hill, Philippi, WV 26416
PLEASE MAKE A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Alderson Broaddus University Insurance Questionnaire

Please note: All student athletes are **REQUIRED** to have a health insurance policy that includes athletic participation or an athletic rider.

Name of Student _____

Policy Holder's Information

Name: _____ Date of Birth: _____

Home Phone: _____ Employer: _____ Employer Phone: _____

Insurance Company: _____ Address: _____

Policy Number: _____

Do you have Group Medical Insurance coverage through your Employment?

☐ Yes, Group Number: _____ ☐ No

Please confirm by initialing on the line that you have read and understand the information below:

1. I confirm I am an athlete and my health insurance policy has an athletic rider _____
2. I understand I am responsible to provide updated insurance information to Alderson Broaddus University if there are any changes within the policy _____
3. I understand that if I drop my insurance I am responsible for any charges related to medical treatment, even if it results from an injury that occurred at a supervised practice or contest at Alderson Broaddus University _____

Student Signature _____ Date _____

PARENT/GAURDIAN SIGNITURE REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE

If under the age 18, please have your parent /guardian sign here: Authorized Permission is required for emergency treatment, out patient treatment, or laboratory testing at any hospital or medical facility if your child is under the age of 18.

Parent /Guardian Signature _____ Date _____

****TO COMPLETE THIS FORM YOU MUST INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD****

Alderson Broaddus University Student Health Assessment

(Completed by Student)

Name:		Date of Birth:	
	Yes	No	Please explain all YES answers:
1. Have you had an illness or injury since your last check up or sport physical?			
2. Have you ever been hospitalized overnight?			
3. Have you ever had surgery?			
4. Have you ever been tested for or diagnosed with ADD/ADHD?			
5. Have you ever taken any supplement/vitamins to help gain or lose weight?			
6. Have you ever taken any supplements/vitamins to help athletic performance?			
7. Have you ever had a rash or hives develop during or after exercise?			
8. Have you ever passed out during or after exercise?			
9. Have you ever been dizzy during or after exercise?			
10. Have you ever experienced severe cramping during exercise?			
11. Have you or a family member been diagnosed with sickle cell disease or trait?			
12. Have you ever been dizzy, passed out, or become ill from exercising in the heat?			
13. Have you ever had chest pain during or after exercise?			
14. Do you tire more quickly during exercise than your friends?			
15. Have you ever had a racing of your heart or felt your heart skip beats?			
16. Have you ever had high blood pressure or high cholesterol?			
17. Have you ever been told that you have a heart murmur?			
18. Has anyone in your family had a heart attack or died suddenly before the age of 50?			
19. Have you had a severe viral infection (i.e. myocarditis, mono, etc)?			
20. Has a physician ever denied or restricted your participation in sports for any heart related problem?			
21. Do you have specific knowledge of certain cardiac conditions in family (i.e. cardiomyopathy, long qt syndrome, marfan syndrome, arrhythmias)?			
22. Have you ever been knocked unconscious or suffered a concussion?			
23. Have you ever had a seizure?			
24. Do you have frequent or severe headaches?			
25. Have you ever had numbness, tingling in your arms, hands, legs, or feet?			
26. Have you ever had a stinger, burner, or pinched nerve?			
27. Do you cough, wheeze, or have trouble breathing during or after exercise?			
28. Do you have asthma?			
29. Do you have seasonal allergies requiring medical treatment?			
30. Do you use any special protective or corrective equipment that aren't usually used for your sport? (i.e. braces, orthotics, hearing aids, etc)			
31. Have you had any problems with your eyes or vision?			
32. Do you wear glasses, contacts, or protective eyewear?			
33. Have you ever had a sprain, strain, or swelling after an injury?			
34. Have you ever broken, fractured, or dislocated any bones or joints?			
35. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?			
If YES to Questions 33 - 35, please circle and explain -----> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Head Neck/Back Chest/Shoulder Elbow/Forearm Wrist/Hand/Fingers </div> <div style="width: 45%;"> Hip/Thigh Knee Shins Ankle/Foot </div> </div>			
36. Are you undergoing treatment or counseling for emotional problems?			
37. Have you ever been advised by a doctor NOT to participate in sports?			
Additional Notes			

Student Signature: _____ Date: _____

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PHYSICAL EXAMINATION**(Completed by Physician)**

Students Name: _____

Height	Vision: R 20/	Peak Flow:
Weight	L 20/	
Pulse	Corrected: YES NO	
Right BP	Contacts Glasses	
Left BP	Pupils: Equal Unequal	

	Normal	Abnormal Findings
Medical		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Marfan Screen		
Lungs		
Abdomen		
Genitalia (Males Only)		
Skin		

	Normal	Abnormal Findings
Musculoskeletal		
Neck		
Back		
Shoulder		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

ATHLETICS CLEARANCE (STUDENT-ATHLETES ONLY)

TO THE MEDICAL EXAMINER: Following your examination of the person indicated above, please read each statement below, and **initial** inside the boxes beside each of the statements to indicate your agreement with the statement.

☐ I have performed a medical history and physical examination on the above named student and verify that the student is free from medical conditions which would endanger the health and well-being of other students.

☐ The above named student is cleared for Intercollegiate Athletics and all campus activities

☐ **Not Cleared for Following Reasons:**

Physician Name		Date
Address		Phone
Signature of Physician		
I hereby state that, to my best knowledge, my answers to the questions are complete and correct *Parent Signature only required if under 18 years old*		
Signature of Student		*Signature of Parent

Please return form to: Alderson Broaddus University, Office of Student Affairs, Box 2092, 101 College Hill, Philippi, WV 26416

**(This form must be completed by Physician ONLY for Student-Athletes
who have been Diagnosed with ADHD)**

**NCAA Medical Exception Documentation Reporting Form to Support the Diagnosis of Attention
Deficit Hyperactivity Disorder (ADHD) and treatment with Banned Stimulant Medication**

- Complete and maintain (on file in athletic training department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication
- Submit this form and require documentation to Drug Free Sport in the event the student-athlete tests positive for banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting)

Name of Student-Athlete: _____ Student's Date of Birth: _____

Current Treating Physician (Print Name): _____

Specialty: _____

Office Address: _____

Physician Signature: _____ Date _____

Check off that documentation representing each of the items below is attached to this report

- ☐ Diagnosis
- ☐ Medication(s) and dosage
- ☐ Blood pressure and pulse readings along with comments
- ☐ Note that alternative non-banned medications have been considered, and comment
- ☐ Follow-up orders
- ☐ Date of clinical evaluation
- ☐ **Attach written report summary of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.**

The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g. Connors, ASRS, CAARS) scores.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy of veracity of the information provided hereunder.

To be completed by institution:

Institutional Representative Submitting Form: _____

Institution Name: _____

Name of Representative: _____

Title: _____

E-mail: _____

Phone: _____

All student-athletes must comply

Bracing and Taping Policy

Who needs to buy braces?

- All new and returning athletes at Alderson Broaddus University who have ankle, shoulder, elbow, knee, back, or wrist problems. If you've ever had surgery, badly injured an area, or still have recurring issues (ie. Rolling your ankles frequently, have recurring wrist pain, etc...) you must buy a brace before coming to school.

Why do I need to buy it, can't I just get taped?

- Tape is very expensive and a good tape job only lasts about 45 minutes to an hour. Braces are adjustable and can be tightened during practices and games. A quality brace should last you at least two years. The athletic training staff is not responsible for taping pre-existing injuries.

Where can I get one and what are my options?

-Dick's Sporting Goods or any type of sport specific shop are great places to buy quality braces. You can also buy a quality brace online. Companies like DonJoy, Mueller, McDavid, ASO, Cramer, and Shock Doctor all make great braces. You should be buying a brace that supports the entire joint and feels comfortable.

What if I don't have a lot of money to spend on braces?

-Most braces cost around \$30-\$40. If you are looking into purchasing a more expensive brace, it's a good idea to see your orthopedic physician and ask them for a referral.

Will I ever be able to get taped?

-Yes, we tape all the time! If you're injured while practicing or competing at Alderson Broaddus University we will tape you and do everything we can to get you back on the playing field. We have this policy in place to protect athletes who have chronic joint problems.

While braces will not prevent injury, they do reduce the likelihood of an injury occurring. We require all athletes to buy braces for any chronic or major injury. If you are injured while participating in a sport at Alderson Broaddus University, the athletic training staff will help you to submit insurance claim forms for a brace, but the athletic training department will not pay for braces.

Please feel free to reach out to us if you have any further questions or concerns. The athletic training staff can be reached at 304-457-6482.

