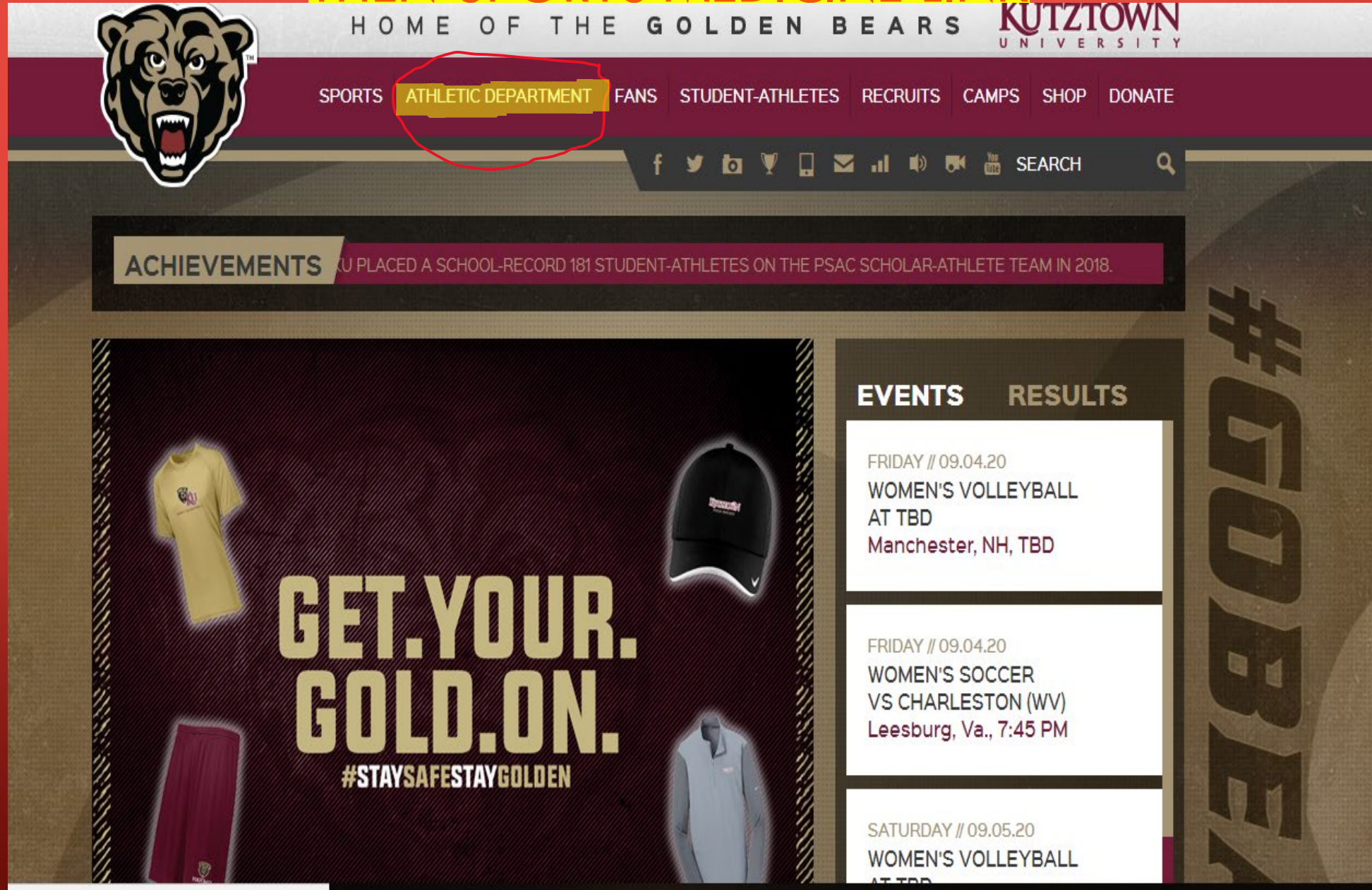


WELCOME

- Our Process has changed this year. Please review this power point and refer back to this presentation if you have questions. READ the instructions on each form. If you have questions reach out to your Coach or Athletic Trainer.
- **Minors** must print the forms which are Linked in the Sports Medicine web page.
- Anyone over 18 must do the online process.
- Thanks,
- KU Sports Medicine Staff

KUBEARS.COM WEB PAGE-CLICK ATHLETIC DEPARTMENT THEN SPORTS MEDICINE LINK



The screenshot shows the Kutztown University website. At the top, the text "HOME OF THE GOLDEN BEARS" is displayed next to the university's logo, which features a bear's head. To the right of the logo, the text "KUTZTOWN UNIVERSITY" is visible. Below this, a navigation bar contains several links: "SPORTS", "ATHLETIC DEPARTMENT", "FANS", "STUDENT-ATHLETES", "RECRUITS", "CAMPS", "SHOP", and "DONATE". The "ATHLETIC DEPARTMENT" link is highlighted with a red circle. Below the navigation bar, there is a search bar and a row of social media icons. A banner below the navigation bar reads "ACHIEVEMENTS" followed by the text "KU PLACED A SCHOOL-RECORD 181 STUDENT-ATHLETES ON THE PSAC SCHOLAR-ATHLETE TEAM IN 2018." Below the banner, there is a large advertisement for "GET.YOUR.GOLD.ON." featuring a yellow t-shirt, a black cap, and a maroon jacket, with the hashtag "#STAYSAFESTAYGOLDEN". To the right of the advertisement, there is a section titled "EVENTS RESULTS" listing upcoming events: "FRIDAY // 09.04.20 WOMEN'S VOLLEYBALL AT TBD Manchester, NH, TBD" and "FRIDAY // 09.04.20 WOMEN'S SOCCER VS CHARLESTON (WV) Leesburg, Va., 7:45 PM". Below this, another event is listed: "SATURDAY // 09.05.20 WOMEN'S VOLLEYBALL AT TBD". On the far right, a large vertical hashtag "#GOBEAR" is visible.

HOME OF THE GOLDEN BEARS KUTZTOWN UNIVERSITY

SPORTS **ATHLETIC DEPARTMENT** FANS STUDENT-ATHLETES RECRUITS CAMPS SHOP DONATE

f t i u m e l s y SEARCH

ACHIEVEMENTS KU PLACED A SCHOOL-RECORD 181 STUDENT-ATHLETES ON THE PSAC SCHOLAR-ATHLETE TEAM IN 2018.

GET.YOUR.GOLD.ON.
#STAYSAFESTAYGOLDEN

EVENTS RESULTS


FRIDAY // 09.04.20
WOMEN'S VOLLEYBALL
AT TBD
Manchester, NH, TBD

FRIDAY // 09.04.20
WOMEN'S SOCCER
VS CHARLESTON (WV)
Leesburg, Va., 7:45 PM



SATURDAY // 09.05.20
WOMEN'S VOLLEYBALL
AT TBD


#GOBEAR

SPORTS MEDICINE HOME PAGE

 KUTZTOWN
UNIVERSITY

ACADEMICS ADMISSIONS AFFORDABILITY LIFE AT KU ABOUT KU

 > ABOUT KU > ADMINISTRATIVE OFFICES > SPORTS MEDICINE SERVICES

SPORTS MEDICINE SERVICES

[Sports Medicine Staff Directory](#)

[Sports Medicine Program History](#)

[Sports Medicine Facilities](#)

[Policies & Procedures](#) ▼

[Insurance Procedures](#)

[Physical Process](#) ▼

[Visiting Team Info](#)

[Sports Medicine Student Employment](#)

CONTACT US

Sports Medicine

SPORTS MEDICINE SERVICES

Welcome to Kutztown University Sports Medicine Services!

IF YOU ARE LOOKING FOR THE PRE PARTICIPATION FORMS, PLEASE CLICK THE BUTTON BELOW TO BE DIRECTED TO THE PRE PARTICIPATION PROCESS PAGE:

PRE PARTICIPATION FORMS

The Kutztown University Sports Medicine (KUSM) program has played a vital role in the University's NCAA Athletic program since 1985. KUSM currently employs four, full-time faculty athletic trainers, all who are nationally certified and state licensed. KU Athletic Trainers and physicians from two local medical practices, Fleetwood Medical Associates of St. Joseph's Medical Group, and Berkshire Orthopedic Associates, comprise the KUSM Staff. Together, the KUSM team provides comprehensive medical care for all KU NCAA Varsity student athletes.

Dr. Eugene Fellin and his **Fleetwood Medical Associates** (Dr. Eric Newman, Dr. Earl Williamson and Dr. Suzanne Adam) have been affiliated with the KU Sports Medicine program since 1989, providing

PHYSICAL PROCESS PAGE

SPORTS MEDICINE SERVICES

Sports Medicine Staff Directory

Sports Medicine Program History

Sports Medicine Facilities

Policies & Procedures

Insurance Procedures

Physical Process

Visiting Team Info

Sports Medicine Student Employment

CONTACT US

Sports Medicine

124 Keystone Hall
Kutztown, PA 19530

T: 610-683-4085

E: sacco@kutztown.edu



SPORTS MEDICINE PRE-PARTICIPATION PROCESS

Pre-participation paperwork will be available online beginning June 1, 2020

Congratulations on your decision to continue your collegiate athletic experience at Kutztown University! Kutztown University Sports Medicine Services wish you all the best for a healthy, successful 2020-2021 athletic season.

Every student-athlete at Kutztown University **must complete** the pre-participation athletic physical process in order to be eligible for participation. There are several steps in this process, so please read each form carefully to ensure you have completed all necessary steps. You must complete all steps in order to be eligible to participate in any athletic related activities at Kutztown University.

To access the pre-participation forms, please click the proper statement below that is true for you:

If you are a **minor** under the age of 18, [CLICK HERE](#) and print the forms packet. Complete the required forms and return the original documents to KU Sports Medicine.

If you are **over 18**, [CLICK HERE](#). Sign in using your KU login information and date of birth. Once you are logged in, the KU Athletics Pre-Participation Forms can be found by clicking on the "Forms" tab on the left hand side of the homepage.

The deadline to submit forms is July 15, 2020. Failure to complete the pre-participation physical process will delay your eligibility and participation in collegiate athletics at Kutztown University.

A step by step powerpoint tutorial for completing the pre-participation physical process can be accessed [here](#)

MINORS FORMS- PRINT THE PACKET AND MAIL TO ADDRESS PROVIDED. IF YOU WILL BE 18 PRIOR TO JULY 15, 2020, PLEASE WAIT UNTIL YOUR BIRTHDATE SO YOU CAN DO THE ON-LINE PROCESS. UNLESS YOU HAVE A PHYSICAL SCHEDULED BEFORE YOUR BIRTHDAY



Office of Sports Medicine

Dear ***NEW Minor Student-Athlete/Parent/Guardian,***
PRINT Forms!

Please review all the forms in this packet. Each of the forms contain information important to the student-athlete. Please PRINT, complete, sign and date each form. **Please return forms to Kutztown University Sports Medicine Office only!**

Please read all of the information and instructions prior to completing the forms. Please review all of the forms for completeness. Incomplete forms or information found to be incomplete are unacceptable. Student-Athletes will not be allowed to practice or compete until all requested information is provided.

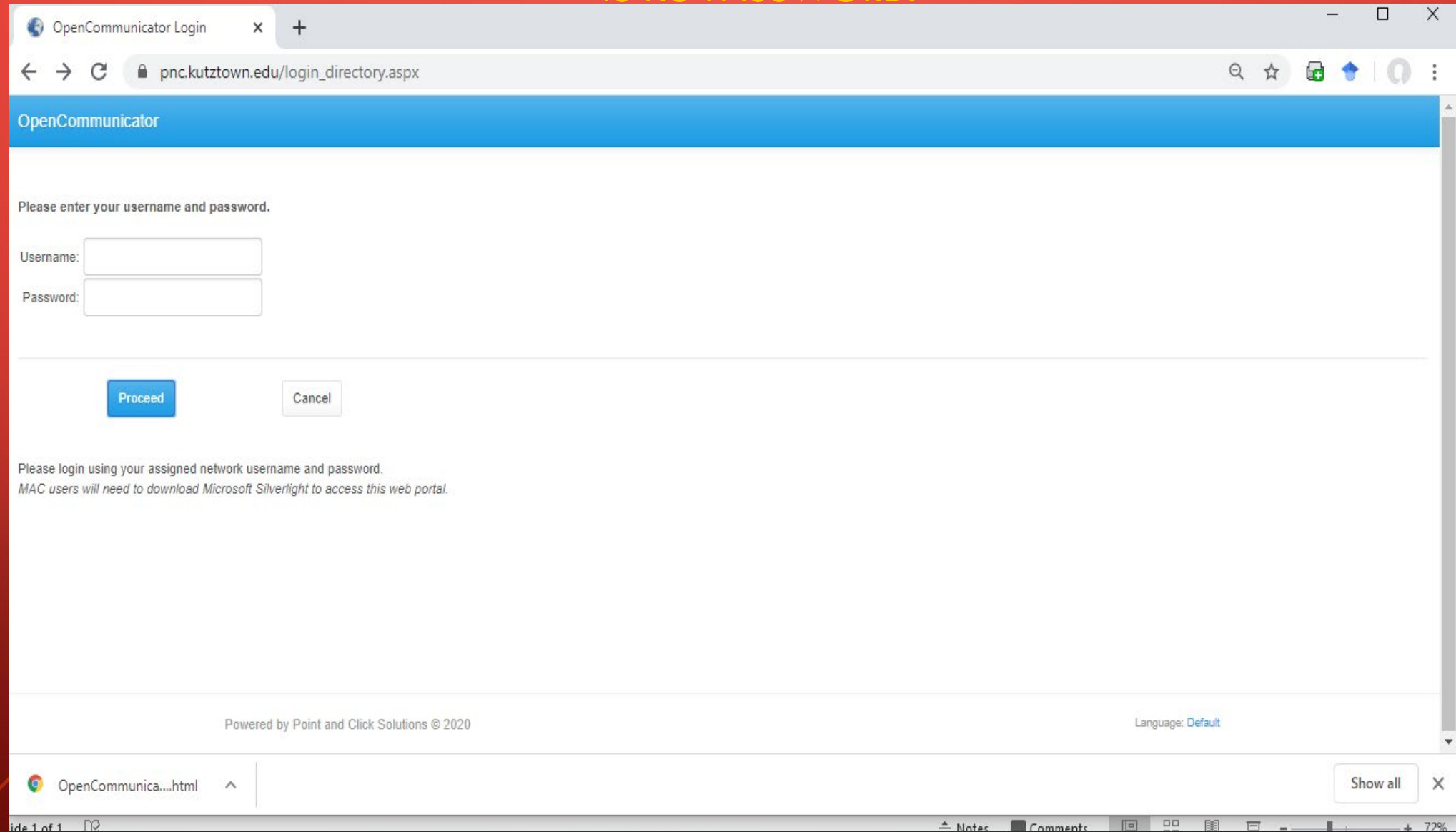
PLEASE HAVE THE FOLLOWING FORMS COMPLETED AND RETURNED BY

JULY 15th, 2020

Please PRINT the forms on the following pages, read thoroughly, complete and return all making sure to follow the instructions:

- ___ Athletic Medical History (5 pages) MUST be completed by your family physician (MD, DO) or a Nurse Practitioner (CRNP), whomever performs your Athletic Physical. **See below.**
 - ___ Mental Health (1 page) MUST be completed by your family physician (MD, DO) or other appropriate health care profession trained to recognize mental health issues.
 - ___ Athletic Physical (1 page) MUST be completed by your family physician (MD, DO) or a Nurse Practitioner (CRNP) **ONLY. NO Physician's Assistant or Chiropractors.**
 - ___ NCAA ADHD/ADD form (**ONLY** if diagnosed with ADD/ADHD) (1 page)
 - ___ Athletic Insurance Information Form (**Type info in document BEFORE Printing**)(1-2 pages)
- Attach a copy of the Front & Back of Insurance card after printing as directed

STUDENTS OVER 18 YDS. OLD.
OPEN COMMUNICATOR SIGN-IN- KU EMAIL IS USER NAME (ONLY LETTERS AND
NUMBERS NEEDED). PASSWORD
IS KU PASSWORD.



The screenshot shows a web browser window with the title "OpenCommunicator Login". The address bar displays the URL "pnc.kutztown.edu/login_directory.aspx". The page has a blue header with the text "OpenCommunicator". Below the header, there is a prompt: "Please enter your username and password." followed by two input fields labeled "Username:" and "Password:". Below these fields are two buttons: "Proceed" (in blue) and "Cancel" (in grey). Further down, there is a note: "Please login using your assigned network username and password. MAC users will need to download Microsoft Silverlight to access this web portal." At the bottom of the page, it says "Powered by Point and Click Solutions © 2020" and "Language: Default". The browser's taskbar at the bottom shows a "Show all" button and a close button "X".

OpenCommunicator Login

pnc.kutztown.edu/login_directory.aspx

OpenCommunicator

Please enter your username and password.

Username:

Password:

Please login using your assigned network username and password.
MAC users will need to download Microsoft Silverlight to access this web portal.

Powered by Point and Click Solutions © 2020

Language: [Default](#)

OpenCommunica...html

Show all X

OPEN COMMUNICATOR 2 FACTOR AUTHENTICATION

The screenshot shows a web browser window with the title "Welcome Back". The address bar displays the URL "pnc.kutztown.edu/confirm.aspx". The page has a blue header with the text "OpenCommunicator". Below the header, the main content area contains the following text: "Welcome back! To confirm your identity, you must provide the following additional personal information:" followed by "Please confirm your DOB:". Below this text is a form with two dropdown menus and a text input field. At the bottom of the form are two buttons: "Proceed" (blue) and "Cancel" (gray). The footer of the page includes the text "Powered by Point and Click Solutions © 2020" and "Language: Default". The browser's taskbar at the bottom shows the file name "OpenCommunica...html" and a "Show all" button.

Welcome Back

pnc.kutztown.edu/confirm.aspx

OpenCommunicator

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your DOB:

Powered by Point and Click Solutions © 2020

Language: [Default](#)

OpenCommunica...html

Show all

NON ATHLETE VIEW OF FORMS- IF YOUR PAGE LOOKS LIKE THIS CONTACT
YOUR COACH ASAP- SEE NEXT SLIDE FOR APPROPRIATE VIEW

Required Medical Forms

OpenCommunicator

new Patient8

Required Medical Forms for new Patient8

Name: Patient8, Test
School:
ID Number: 500470

Complete these forms prior to the start of your first semester:

- Consent for Treatment
- Health History Form
- Immunization Form
- Insurance Information Form
- Notice of Privacy Practices
- Options for Meningitis Compliance
- TB Screening Questionnaire

THESE FORMS MUST BE COMPLETED IN ORDER TO:

- Receive access to your on campus housing
- Select classes for future semesters
- Access healthcare in clinical services

THESE FORMS MUST BE COMPLETED WHETHER:

- You do or DO NOT plan to use healthcare services on campus
- You live on or off campus

| Form Name | Status |
|-----------------------|--------------|
| Consent for Treatment | ✓ Completed: |

OpenCommunica...html

Show all

ATHLETE VIEW OF FORMS- IF YOUR PAGE LOOKS LIKE THIS PROCEED

Kutztown University - MyHealth Link

TEST PATIENT7

HOME

PROFILE

APPOINTMENTS

HANDOUTS 4 UNREAD

MESSAGES 1 UNREAD

LETTERS

FORMS 17 TO COMPLETE

SURVEY FORMS

LOG OUT

Required Medical Forms for Test Patient7

Name: Patient7, Test

School:

ID Number: T007

Complete these forms prior to the start of your first semester:

- Athletics 0 New/Transfer Medical History
- Athletics 01 Returning Medical History
- Athletics 1 Pre-Participation Examination Form
- Athletics 2 Medical Exception ADHD/ADD
- Athletics 3 Mental Health
- Athletics 4 Medical Consent, Disclosure, Responsibility
- Athletics 5 Health Insurance Form
- Athletics 6 Health Insurance Exemption and Release for Tri-Care and Medicaid
- Athletics 7 Injury, Illness and Concussion Form
- Athletics 8 FERPA
- Athletics 9 Sickle Cell Trait - Reporting Form
- Consent for Treatment
- Health History Form
- Immunization Form
- Insurance Information Form
- Notice of Privacy Practices
- Options for Meningitis Compliance
- TB Screening Questionnaire

THESE FORMS MUST BE COMPLETED IN ORDER TO:

Receive access to your on campus housing

Select classes for future semesters

Access healthcare in clinical services

THESE FORMS MUST BE COMPLETED WHETHER:

You do or DO NOT plan to use healthcare services on campus

You live on or off campus

| Form Name | Status |
|--|--|
| Athletics 0 New/Transfer Medical History | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 01 Returning Medical History | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 1 Pre-Participation Examination Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 2 Medical Exception ADHD/ADD | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 3 Mental Health | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 4 Medical Consent, Disclosure, Responsibility | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 5 Health Insurance Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 6 Health Insurance Exemption and Release for Tri-Care and Medicaid | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 7 Injury, Illness and Concussion Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 8 FERPA | Not Yet Complete: Please provide the requested information with special attention to the required fields. |

ATHLETE FORMS- COMPLETE ALL FORMS LISTED

Kutztown University - MyHealth Link

▲ TEST PATIENT7 ▾

HOME

PROFILE

APPOINTMENTS

HANDOUTS 4 UNREAD

MESSAGES 1 UNREAD

LETTERS

FORMS 17 TO COMPLETE

SURVEY FORMS

LOG OUT

• Health History Form

• Immunization Form

• Insurance Information Form

• Notice of Privacy Practices

• Options for Meningitis Compliance

• TB Screening Questionnaire

THESE FORMS MUST BE COMPLETED IN ORDER TO:

Receive access to your on campus housing

Select classes for future semesters

Access healthcare in clinical services

THESE FORMS MUST BE COMPLETED WHETHER:

You do or DO NOT plan to use healthcare services on campus

You live on or off campus

| Form Name | Status |
|--|--|
| Athletics 0 New/Transfer Medical History | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 01 Returning Medical History | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 1 Pre-Participation Examination Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 2 Medical Exception ADHD/ADD | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 3 Mental Health | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 4 Medical Consent, Disclosure, Responsibility | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 5 Health Insurance Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 6 Health Insurance Exemption and Release for Tri-Care and Medicaid | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 7 Injury, Illness and Concussion Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 8 FERPA | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Athletics 9 Sickle Cell Trait - Reporting Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Consent for Treatment | ✓Completed: Submitted on: Friday, August 28, 2020 11:31 AM |
| Health History Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Immunization Form | Saved But Not Submitted: Last saved on 5/19/2021 3:16 PM |
| Insurance Information Form | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Notice of Privacy Practices | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| Options for Meningitis Compliance | Not Yet Complete: Please provide the requested information with special attention to the required fields. |
| TB Screening Questionnaire | Not Yet Complete: Please provide the requested information with special attention to the required fields. |

Powered by Point and Click Solutions © 2021

Language: English (United States)

ATHLETIC MEDICAL HISTORY- PLEASE READ ALL INSTRUCTIONS

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out


Athletics 0 Medical History

Items marked with **are required.

Kutztown University of PA
Athletic Medical History

Please read each question carefully and submit additional medical documentation for all areas indicated.
Failure to forward proper medical documentation from your health care provider may impede your ability to participate in athletic activities.

** Athlete Name (Last, First, MI):

** Date of Birth: 

** KU ID #

** Sport(s)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Men's Basketball | <input type="checkbox"/> Men's Cross Country | <input type="checkbox"/> Football |
| <input type="checkbox"/> Men's Tennis | <input type="checkbox"/> Men's Track and Field | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Women's Basketball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Women's Cross Country | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Women's Lacrosse | <input type="checkbox"/> Women's Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Women's Swimming |
| <input type="checkbox"/> Women's Tennis | <input type="checkbox"/> Women's Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheer Team |

** Athletic Year

☐ Transfer ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Family History

** 1. Has any relative died suddenly before the age of 50? ☐ Yes ☐ No

If Yes, please explain:

** 2. Is there a history of heart disease in any relative(s) less than 50 years old? ☐ Yes ☐ No

If Yes, please explain:

OpenCommunica....html

Show all X

ATHLETIC MEDICAL HISTORY- IF YOU ANSWER YES TO MARKED QUESTIONS PLEASE SUBMIT MEDICAL PAPERWORK

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Personal History:

If you check **Yes** to any question in **Bold** with an asterisk (*) please mail copies of all medical reports to the address below. These **MUST** be submitted to the Office of Sports Medicine to complete your medical records. If you previously submitted reports for conditions marked **Yes**, there is no need to resubmit documentation.
Attn: Office of Sports Medicine, Kutztown University, 124 Keystone Hall, Kutztown, PA 19530

Have you ever had or do you have now:

1. Any of the following Heart Condition(s) *

Chest Pain/Palpitations:
☐ Yes ☐ No

Heart Murmur
☐ Yes ☐ No

High Blood Pressure
☐ Yes ☐ No

Other Heart Condition
☐ Yes ☐ No

Have you ever had any test to evaluate your Heart? If YES, please include the date and reason- **If Yes submit records.**

Stress Test: ☐ Yes ☐ No
Month/Year ->Reason

EKG: ☐ Yes ☐ No
Month/Year ->Reason

Echocardiogram: ☐ Yes ☐ No
Month/Year ->Reason

Other Heart Test: ☐ Yes ☐ No
Month/Year ->Reason

2. Stomach Conditions: ☐ Yes ☐ No
If Yes, please explain:

3. Nervous System Conditions * **If Yes submit records.**

OpenCommunica....html

Show all X

COVID 19 QUESTIONS

Covid-19

** Have you ever been diagnosed with Covid-19? ☐ Yes ☐ No

If Yes - Date of Diagnosis

If Yes - Were you hospitalized and when?

If diagnosed, did you have any of the following tests performed?

High Sensitivity Troponin Test ☐ Yes ☐ No

EKG ☐ Yes ☐ No

Echocardiogram ☐ Yes ☐ No

** Do you have a clearance letter for Return to Sport from your Physician? ☐ Yes ☐ No

** Did you complete the Kutztown Sports Medicine Return to Play Protocol? ☐ Yes ☐ No

If you have not completed the Kutztown Sports Medicine Return to Play protocol, please submit your Return to Sport clearance letter from your Physician


** Have you been vaccinated for Covid-19? ☐ Yes ☐ No

Pfizer 1st Dose: 

Pfizer 2nd Dose: 

Moderna 1st Dose: 

Moderna 2nd Dose: 

Johnson & Johnson: 

Other Covid Vaccine Name:

1st Dose: 

2nd Dose: 

CLICK SUBMIT BUTTON -> DO NOT HIT PROCEED

Month/Year -> Brief explanation of injuries. **If Yes submit records.**



I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO DISCLOSE ACCURATE INFORMATION CAN/WILL RESULT IN MY MEDICAL INELIGIBILITY. I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ANY INJURIES OR ILLNESSES SUSTAINED AS A RESULT OF INACCURATE INFORMATION I MAY HAVE GIVEN.**



I/WE UNDERSTAND THAT KUTZTOWN UNVIERSITY WILL NOT BE HELD RESPONSIBLE FOR ANY INJURY/ILLNESS OCCURING OUTSIDE OF INTERCOLLEGIATE ATHLETIC PARTICIPATION OR AS A RESULT OF MY/OUR FAILURE TO FOLLOW THE POLICIES AND PROCEDURES REGARDING ATHLETIC PARTICIPATION, INJURIES, ILLNESS AND MEDICAL CARE. A COPY OF THIS DOCUMENT IS AVAILABLE ONLINE AND IN THE OFFICE OF ATHLETICS AND SPORTS MEDICINE.**

ACKNOWLEDGEMENT

☒ I acknowledge receipt and agree that the information provided to the KU Office of Sports Medicine in the KU Athletic Medical History is correct.**

** Typing your name in this box is your electronic signature confirming you have read and understand this form.

VERY IMPORTANT New and Transfer Athletes: After you click the submit Button please right click and print this form. This form must be signed by the Medical Professional who performs your Physical. That person Must be an MD, DO, or Certified Nurse Pracrtitioer(CRNP). Physician Assistanrts must be cosigned by their Supervisor.

Print Physician/Nurse Practitioner Name: _____ MD, DO, CRNP

Signature: _____ Date: _____

Submit Final

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Cancel

Click here to cancel entering the form
(Currently entered changes will not be saved.)

**RIGHT CLICK TO PRINT THIS PAGE FOR DOCTOR
SIGNATURE.**

Athletics 0 Medical History Completed

The Athletics 0 Medical History has been successfully submitted.

~~Proceed~~

Results:

Please read each question carefully.
Failure to forward proper medical documentation may result in the student being ineligible to participate in athletic activities.

Athlete Name (Last, First, MI): STudent
Date of Birth: 5/1/2020
KU ID #: 0000001

Sport(s)
Baseball

Athletic Year
1st

Family History

1. Has any relative died suddenly before the age of 50? No
If Yes, please explain:

2. Is there a history of heart disease in any relative(s) less than 50 years old? No
If Yes, please explain:

Personal History:

Back Alt+Left Arrow
Forward Alt+Right Arrow
Reload Ctrl+R
Save as... Ctrl+S
Print... Ctrl+P
Cast...
Translate to English
View page source Ctrl+U
View frame source
Reload frame
Inspect Ctrl+Shift+I

2:56 PM

MED HX: PRINT BEFORE PROCEED- IF YOU NEED A PHYSICAL THIS YEAR- ONLY NEW AND TRANSFERS NEED A PHYSICAL THIS YEAR.

Please Right Click and print this page before you click proceed

☐

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO DISCLOSE ACCURATE INFORMATION CAN/WILL RESULT IN MY MEDICAL INELIGABILITY. I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ANY INJURIES OR ILLNESSES SUSTAINED AS A RESULT OF INACCURATE INFORMATION I MAY HAVE GIVEN.**

☐

I/WE UNDERSTAND THAT KUTZTOWN UNVIERSITY WILL NOT BE HELD RESPONSIBLE FOR ANY INJURY/ILLNESS OCCURING OUTSIDE OF INTERCOLLEGIATE ATHLETIC PARTICIPATION OR AS A RESULT OF MY/OUR FAILURE TO FOLLOW THE POLICIES AND PROCEDURES REGARDING ATHLETIC PARTICIPATION, INJURIES, ILLNESS AND MEDICAL CARE. A COPY OF THIS DOCUMENT IS AVAILABLE ONLINE AND IN THE OFFICE OF ATHLETICS AND SPORTS MEDICINE.**

ACKNOWLEDGEMENT

☐

I acknowledge receipt and agree that the information provided to the KU Office of Sports Medicine in the KU Athletic Medical History is correct.**

** Typing your name in this box is your electronic signature confirming you have read and understand this form.

VERY IMPORTANT New and Transfer Athletes: After you click the submit Button please right click and print this form. This form must be signed by the Medical Professional(MP) who performs your Physical. That person Must be an MD, DO, or Certified Nurse Practitioer(CRNP). Physician Assistanrts must be cosigned by their Supervisor.

Print MP Name: _____ MD, DO, CRNP

Signature: _____ Date: _____

NOW YOU MAY HIT THE PROCEED BUTTON AND
CONTINUE TO THE NEXT FORM.

Athletics 0 Medical History Completed

The Athletics 0 Medical History has been successfully submitted.

Proceed

Results:

Kutztown University of PA
Athletic Medical History

Please read each question carefully and submit additional medical documentation for all areas indicated.

Failure to forward proper medical documentation from your health care provider may impede your ability to participate in athletic activities.

Athlete Name (Last, First, MI): STudent

Date of Birth: 5/1/2020

KU ID # 0000001

Sport(s)

Baseball

Athletic Year

1st

Family History

1. Has any relative died suddenly before the age of 50? No

If Yes, please explain:

2. Is there a history of heart disease in any relative(s) less than 50 years old? No

If Yes, please explain:

PRE-PARTICIPATION EXAM FORM- READ THE INSTRUCTIONS

OpenCommunicator

new Patient3

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 1 Pre-Participation Exam Form

Items marked with **are required.

Athletic Participation Examination 2020-21

** The NCAA and Kutztown University require all new student athletes to obtain a physical by a medical practitioner (MD, D.O. or CRNP) on their own. This requirement will not be done on campus at the Health & Wellness Center. Please review the Buttons below and indicate your status.

☐ I am a returning Kutztown University Varsity Student Athlete, therefore I do not require a physical.

☐ I am a New/Transfer Student Athlete therefore I need a physical per NCAA rule. I will click the link below and have my Doctor (MD/D.O.) or Nurse Practitioner (CRNP) complete the Pre-Participation examination form. Link to Physical form:

https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/Athletic_Participation-Examination.pdf

Submit Final

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Cancel

Click here to cancel entering the form
(Currently entered changes will not be saved.)

Powered by Point and Click Solutions © 2020

Language: Default

OpenCommunica....html

Show all X

ADHD FORM- READ THE INSTRUCTIONS

OpenCommunicator

new Patient83

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 2 Medical Exception ADHD/ADD

Items marked with **are required.

Medical Exception ADHD/ ADD Information

Dear Health Care Provider:

Your patient, a student-athlete at Kutztown University, plans to or already participates in intercollegiate athletics at our institution. The NCAA (National Collegiate Athletic Association) requires that all athletes on stimulant medication for the treatment of ADD/ADHD provide adequate documentation of diagnosis and treatment to allow for a medical exemption. Stimulant medications are typically banned for use by NCAA athletes unless medical necessity is clearly documented by the host university. Kutztown University's Office of Sports Medicine is requesting the following information in order for your student-athlete to continue or begin their NCAA participation. **This is critical for their participation in NCAA sports.**

Please complete the enclosed form that will be required annually if your patient participates in NCAA athletics and continues to require stimulant medications for their treatment. In completing this paper work, you acknowledge that you have reviewed the patient's health history and have informed them at some time of the safety information regarding stimulant use as well as misuse guidelines. Please attach any consult letters or notes that may clarify their diagnosis and the need to use stimulant medications for treatment.

Thank you for taking the time to do this. We greatly appreciate your assistance as we all try to comply with NCAA requirements!

Mail to:
Attn. Athletic Physical Information
Office of Sports Medicine
124 Keystone Hall
Kutztown, PA 19530
Sincerely
Eugene Fallin, D.O.
Medical Director, Head Team Physician
Health & Wellness Services, Kutztown University

Medical Exception ADHD/ADD Form

** Click appropriate Button:

☐ I have never been diagnosed with ADHD or ADD and do not currently take medication for this condition.

☐ I have been diagnosed with ADHD or ADD and currently use medication for the condition. I will click the link to print the form required for participation in NCAA sports.

<https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/Medical-Exception-ADD-ADHD.pdf>

** Typing your name in this box is your electronic signature confirming you have read and understand this form.

Submit Final

Click here to submit the final content of the form

OpenCommunica....html

Show all X

MENTAL HEALTH REVIEW FORM- REQUIRED YEARLY FOR ALL ATHLETES

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 3 Mental Health Form

Items marked with **are required.

Mental Health Explanation

Dear Health Care Provider:

Your patient, a student-athlete at Kutztown University of Pennsylvania, will be participating on one or more intercollegiate athletic teams. The National Collegiate Athletic Association (NCAA) requires all student-athletes undergo a pre-participation Mental Health Screening by a medical provider who has the professional training to perform such an exam. **This is critical for their participation in NCAA Sports.**

THIS IS AN ANNUAL REQUIREMENT FOR ALL STUDENT-ATHLETES.

Please administer, at minimum, the attached Personal Health Questionnaire-9 (PHQ-9). If there are other screening tools you feel are necessary to adequately assess the patient, please include them and their results, in addition to the PHQ-9. By completing this paper work, you acknowledge you have reviewed the patient's health history and have discussed the results of the mental health screening with the patient. Based on your professional exam, should the student-athlete require medication or mental health services for any mental health condition, please indicate this on the form provided, and provide the necessary corresponding documentation. If you require a follow-up with this student-athlete, please indicate this on the form.

Thank you for taking the time to complete this screening. We greatly appreciate your assistance as we complete the necessary NCAA requirements to ensure the mental health of our student-athletes.

Sincerely
Eugene Fellin, D.O.
Medical Director, Head Team Primary Care Physician
Health & Wellness Services, Kutztown University

Mail to:
Attn. Athletic Physical Information
Health & Wellness Services
P.O. Box 730
Kutztown, PA 19530

I acknowledge receipt of and have read the above statement pertaining to the NCAA requirement for Mental Health testing. I will print the following form and have the appropriate medical personnel complete the form.
Mental Health Screening Form: <https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/Pre-Participation-Mental-Health-Screening.pdf> **

** Typing your name in this box is your electronic signature confirming you have read and understand this form.

Submit Final

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

OpenCommunica....html

Show all

MEDICAL CONSENT, DISCLOSURE, RESPONSIBILITY- PLEASE READ THE FORM

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 4 Medical Consent, Disclosure, Responsibility

Items marked with **are required.

Kutztown University Sports Medicine

Medical Consent, Release, Disclosure and Athletic Related Medical Bills Letter of Responsibility Information

A. MEDICAL CONSENT

I give permission to the Kutztown University Sports Medicine (KUSM) Team, which includes the following: the Sports Medicine Athletic Trainers and staff, the University's Health & Wellness Services staff, our University Team Physicians, including our consulting physicians, the University Counseling Services and the Office of Disability Services, to render any treatment that may be necessary regarding my health and well-being. Additionally, I give permission for the sharing of confidential health information within the Sports Medicine Team to the extent necessary to assure continuity of care during an illness, physical or psychological, or injury. In the case of a parent/guardian signing this form for a minor, this permission is granted regarding that minor.

I authorize the KU Sports Medicine Team to render the necessary medical services. I understand that this may include treatment such as medical or surgical care that may need to be provided by the caring team physician or consulting physician. In the case of a parent/guardian signing this form for a minor, this authorization is granted regarding that minor.

Also, by permitting necessary treatment, I realize that I am authorizing the Sports Medicine licensed athletic trainers to render any treatment including, but not limited to, preventative first-aid, rehabilitation, and emergency treatment. During these instances, the athletic trainer will be working under the supervision of the Kutztown University team physicians and/or consulting physicians. In the case of a parent/guardian signing this form for a minor, this authorization is granted regarding that minor.

I also realize that, by giving consent for proper care, I am giving permission for hospitalization when necessary at an accredited hospital. In the case of a parent/guardian signing this form for a minor, this permission is granted regarding that minor.

B. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Sports Medicine Team to release medical information pertinent to my playing status to my University team coach(es). I also authorize the release of medical information to my parents/guardians concerning my health status and medical welfare, including that information required to process athletic-related injury claims. I also authorize the release of any medical information to appropriate on-campus individuals, if the release of that information benefits my health and welfare. No other Protected Health Information (PHI) will be released without my written approval. In the case of a parent/guardian signing this form for a minor, this authorization is granted regarding that minor.

C. SHARED RESPONSIBILITY FOR SPORTS SAFETY

Participation in sport requires an acceptance of risk of injury. Athletes, along with their parent/guardian if applicable, rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

The NCAA and individual sport-governing bodies make periodic analysis of injury patterns, refinements in the rules, and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to enforce compliance with the rule book is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guideline.

I have read the above shared responsibility for sports safety statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics, including serious or catastrophic injury. I acknowledge the fact that these risks exist and am willing to assume responsibility for such risks while participating at Kutztown University. In the case of a parent/guardian signing this form for a minor, this shared responsibility is acknowledged regarding that minor.

D. Medical Disclosure Policy

I understand that I am responsible for reporting all 'athletic-related' injuries to a member of the Kutztown University Sports Medicine Team as soon as possible. For an injury to be submitted for coverage under KUSM's Supplemental Athletic Accident Insurance, the student-athlete MUST report the injury to the Sports Medicine Team within 30 days of its onset.

I understand that I am responsible for reporting to a member of the Kutztown University Sports Medicine Team (address below), any/all injury(ies) and illnesses I may suffer that requires medical attention throughout the year, whether athletic-related or non-athletic-related, as soon as possible. I understand this includes the summer months and all break periods. I understand this allows the Sports Medicine Team adequate time to review medical documentation and contact individuals for further information, if necessary.

I understand that any costs associated with the failure to follow the above policy will be my responsibility alone.

E. Athletic Related Medical Bills Letter of Responsibility

OpenCommunica...html

Show all X

ALL STUDENTS: PRINT LINK SIGN AND MAIL

1: I/we understand that I/student-athlete must be covered by a Primary Health Insurance policy that covers Intercollegiate related athletic injuries and I am/we are responsible for providing proof of that primary policy to the KU Office of Sports Medicine and notifying them if there is/are any change(s) in that policy.

2: I/we have read the "Policies and Procedures Regarding Athletic Participation, Injuries, Illnesses and Medical Care" document and fully understand its content. https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/AthleticMedicalCareProcedures_2019-20.pdf

Opens a new window

3: I/we understand that Kutztown University Student Services, Inc. (KUSSI) has a Supplemental Accident Insurance plan and that plan has a \$1,500 Deductible per Injury Claim, which I/we or my/our 'Primary' insurance plan will be responsible for satisfying before using the KUSSI Supplemental plan.

4: I/we understand that for an athletically related injury/illness to be eligible for coverage under the KUSSI Supplemental Athletic Accident Insurance, I/the student-athlete MUST report the injury/illness to the Sports Medicine Staff **within 30 days of its onset**.

5: I/we understand that Kutztown University's Office of Sports Medicine will assist me/us in filing injury claims but has no liability for the accuracy or payment of the claims.

6: I/we further understand that the Commonwealth of Pennsylvania, Kutztown University, KUSSI and/or any University employee is in no way liable for payment of any medical bills.

7: I/we accept the responsibility of ensuring any insurance claims are submitted correctly and in a timely manner. I/we also accept that it is my/our responsibility to follow up on medical claims with both the medical providers and insurance companies involved with any bills.

8: I/we understand that there is a limitation on the time in which medical bills must be submitted to my/our insurance company(ies) and failure to address any medical bills within that time could affect my credit record and also result in the denial from the KUSSI Supplemental Athletic Accident Insurance.

9: I/we understand that all Intercollegiate Athletic related medical services by "Outside Physician/Specialist":

a) MUST follow my Primary Health Insurance process;

b) MUST be done "In-Network"; and

c) MUST be approved in writing by a member of the Sports Medicine staff, to be considered for secondary payment thru KUSSI insurance program.

10: I/we understand that any costs associated with the failure to follow the above will be my responsibility alone.

Print this form- Policy holder must sign and return to Sports Medicine office:

☐ <https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/LetterofResponsibilityforMedicalBills202021.pdf>

**ACKNOWLEDGMENT:

☐ I acknowledge receipt of and agree to the information concerning the Medical Consent, Disclosure and Athletic Related Medical Bills Letter of Responsibility from Kutztown University Sports Medicine**

** Typing your name in this box is your electronic signature confirming you have read and understand this form.

Effective Date: 6/2020

HEALTH INSURANCE FORM- YOU ARE REQUIRED TO CARRY HEALTH INSURANCE

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 5 Health Insurance Form

Items marked with **are required.

Athletics Insurance Form

As a Student Athlete I understand I must maintain primary insurance coverage throughout my athletic playing career at Kutztown university Please notify a staff member when your insurance changes so you can update your coverage with the Sports Medicine Department.**

Student-Athlete Insurance Information 2020-21

The following information will be utilized solely by the Office of Sports Medicine for arranging medical care and services.

Student Athlete Information

** Student's Name:

** KU ID #:

** Sport(s)- Select all that apply:

☐Baseball

☐Men's Basketball

☐Men's Cross Country

☐Football

☐Men's Tennis

☐Men's Track and Field

☐Wrestling

☐Women's Basketball

☐Bowling

☐Women's Cross Country

☐Field Hockey

☐Golf

☐Women's Lacrosse

☐Women's Soccer

☐Softball

☐Women's Swimming

☐Women's Tennis

☐Women's Track and Field

☐Volleyball

☐Cheer Team

** Permanent Address:

** City, State, Zip Code:

** Cell Phone #:

** Cell Phone Company Name:

** KU Email:

Personal Email:

Information from Insurance Card

https://pnc.kutztown.edu/home.aspx

OpenCommunica....html

Show all

X

HEALTH INSURANCE EXEMPTION AND RELEASE

IF YOU HAVE MEDICAID, TRICARE(MILITARY) OR FAITH BASED INSURANCE, YOU MUST SIGN THIS WAIVER

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 6 Health Insurance Exemption and Release

Items marked with **are required.

Kutztown University Sports Medicine

EXEMPTION AND RELEASE FORM FROM KUTZTOWN UNIVERSITY'S INTERCOLLEGIATE ATHLETIC SECONDARY INSURANCE POLICY FOR STUDENT-ATHLETES WITH TRICARE OR MEDICAID MEDICAL INSURANCE

I understand and acknowledge that Kutztown University requires student-athletes to have primary medical insurance to participate in intercollegiate athletics. The primary medical insurance policy must provide coverage for an injury sustained during participation in intercollegiate athletics.

I understand and acknowledge that student-athletes who have TriCare or Medicaid as their primary medical insurance are **NOT** eligible for coverage under the intercollegiate athletic secondary insurance policy provided by Kutztown University for an injury sustained during their participation in intercollegiate athletics.

I verify that I have medical insurance with TriCare or Medicaid. Based on this verification, I agree that any costs associated with an injury sustained during participation in intercollegiate athletics at Kutztown University will be the sole responsibility of **TriCare** or Medicaid and, in the event that TriCare or Medicaid do not cover those costs, I or my parent(s)/legal guardian(s) will be responsible for any and all costs.

By signing this form I acknowledge and relinquish my enrollment in the intercollegiate athletics secondary insurance policy provided by Kutztown University. I understand that I will be responsible for any and all costs which are associated with any injury sustained during participation in intercollegiate athletics at Kutztown University.

I expressly release and discharge from responsibility and liability Kutztown University, Kutztown University Student Services, Inc., the Department of Athletics, and the Department of Sports Medicine along with employees, officials or agents of the foregoing, from costs associated with any injury I sustain during participation in intercollegiate athletics at Kutztown University.

I, the undersigned, am at least 18 years of age, and competent to sign this exemption and release form. By signing this exemption and release form, I hereby acknowledge that I understand and voluntarily accept the risks, rights and responsibilities set forth in this form. In addition, if the student-athlete is covered under his/her parents'/guardians' TriCare or Medicaid policy, the parent/guardian must acknowledge and sign this document prior to participation in intercollegiate athletics at Kutztown University.

Selection

****** Select one of the options below:

☐ This form does not apply to me. I am not covered by TriCare or Medicaid

☐

I acknowledge receipt of and agree to the information concerning the EXEMPTION AND RELEASE FORM FROM KUTZTOWN UNIVERSITY'S INTERCOLLEGIATE ATHLETIC SECONDARY INSURANCE POLICY FOR STUDENT-ATHLETES WITH TRICARE OR MEDICAID MEDICAL INSURANCE from KU Sports Medicine Services. I will print, complete and return this form to the Office of Sports Medicine:

<https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/Tri-Care-Medicade-Exemption.pdf>

****** **ACKNOWLEDGMENT:**

☐ I acknowledge receipt of and agree to the information concerning the Health Insurance Exemption and Release for TriCare and Medicaid Form from Kutztown University Sports Medicine.**

****** Typing your name in this box is your electronic signature confirming you have read and understand this form.

Effective Date: 6/2020

OpenCommunica....html

Show all

X

INJURY ILLNESS AND CONCUSSION REPORTING- PLEASE REVIEW THE EDUCATIONAL MATERIAL PROVIDED

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 7 Injury/Illness and Concussion Report

Items marked with **are required.

Injury/ Illness and Concussion Reporting Policy for NCAA Athletes

Student-Athlete Injury and Illness Reporting Acknowledgement Form
I acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the Sports Medicine Team at Kutztown University of Pennsylvania (KU), which includes the Team Physician(s), Athletic Training staff, Health & Wellness Center staff and KU related consulting physicians. I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed any prior medical conditions on my Athletic Medical History form and will also disclose any future injury/illness to the Sports Medicine Team at my earliest opportunity. Concussion Notice: I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with educational materials about head injuries, including provided online video and a fact sheet. I understand the importance of immediately reporting symptoms of a head injury/concussion to the Kutztown University sports medicine staff.

SPECIAL ALERT!
In response to the NCAA's efforts to help institutions educate about and manage concussions in sport, Kutztown University Sports Medicine Services, and Intercollegiate Athletic Services is providing the following education to our student-athletes.

It is Mandatory that all KU Student-Athletes review the concussion education items provided below.

Educational Material for Review

Please watch the following videos on Concussions
Concussions: Don't Hide It, Report It, Take Time To Recover
https://s3.amazonaws.com/ncaa/web_video/health_and_safety/concussion/concussion.html
Concussion Awareness
<http://www.ncaa.org/videos/sport-science-institute/topic>

Please read the following fact sheets on Concussions
Concussion Safety
https://www.ncaa.org/sites/default/files/2017SSI_ConcussionFactSheet_StudentAthletes_20170721.pdf
Concussion: A Fact Sheet For Student Athletes
http://fs.ncaa.org/Docs/health_safety/ConFactSheetsa.pdf

Acknowledgement

I acknowledge receipt of and have reviewed the information pertaining to Concussions and Injury/ Illness reporting provided by Kutztown University Sports Medicine

** Turning your name in this box is your electronic signature confirming you have read and understood this form.

https://pnc.kutztown.edu/home.aspx

OpenCommunica...html

Show all

FERPA FORM

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 8 FERPA

Items marked with **are required.

Kutztown University Sports Medicine

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE REQUIRED ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM IS FOUND AT THE BOTTOM OF THE DOCUMENT.

The staff members of Kutztown University Sports Medicine (KUSM) follow privacy practices that are based on the Family Educational Rights and Privacy Act (FERPA). FERPA is the law that protects the privacy of your education records at Kutztown University, including records maintained by KUSM.

- FERPA also provides you with access to information. Health and Wellness Services (H&WS) may send you reminders about appointments and provide you with other information in order to inform you of treatment alternatives or benefits or services related to your health. In addition, under FERPA, you have the right to inspect and review your education records; if you wish to review education records maintained by KUSM, you must submit a written request to KUSM.
- FERPA also permits the University to share your medical information with other individuals or entities when you have provided written consent. Examples of these situations are as follows:
 - You may want the University to provide information to your insurance company, so that it will reimburse you for expenses.
 - You may want the University to provide information to your family physician.
 - You may need to provide proof of an immunization or another record to an entity for licensure or employment purposes.
- FERPA also identifies the situations in which the University may disclose education records without your prior consent:
 - Health and Safety Emergencies: The University may disclose student information on an emergency basis when that information is necessary to protect the health and/or safety of the student or University community.
 - School officials with legitimate educational interest: FERPA permits the University to share information with other school officials who have a legitimate educational interest. This sharing of information does not require your consent. A legitimate educational interest is an interest directly related to the academic environment. Therefore, KUSM may share information with other members of Kutztown University's team of healthcare providers, as well as Student Affairs professionals, who are school officials who may have a legitimate educational interest in the information.
 - Judicial Order or Subpoena: FERPA also permits the University to provide information when it is required by a subpoena or court order. The University will make every effort to provide advance notice to the student unless the subpoena or order prohibits such notification. Educational records will be disclosed to the U.S. Attorney General or his/her designee in response to an order concerning an authorized investigation or prosecution of domestic or international terrorism without prior notice to the student.
 - Parents of a student who is dependent for federal tax purposes may have access to information from student records maintained by KUSM. The University's FERPA policy provides information about how parents may demonstrate that the student is dependent.
- Most of the records maintained by KUSM are treatment records under FERPA. Treatment records are records on students that are made or maintained by a physician, psychiatrist, psychologist, Athletic Trainer or other recognized professional or paraprofessional acting or assisting in that capacity are not subject to the provisions of access, disclosure and challenge. Such records, however, must be made, maintained, or used only in connection with the provision of treatment to the student and are not available to anyone other than the persons providing treatment or a substitute. Such records may be personally reviewed by a physician or other appropriate professional of the student's choice.

For more information about FERPA visit:
<https://www.kutztown.edu/FERPA>

**ACKNOWLEDGMENT:

☐ I acknowledge receipt of and agree to the information concerning the Notice of Privacy Practices from Kutztown University Sports Medicine.

https://pnc.kutztown.edu/home.aspx

OpenCommunica....html

Show all

X

SICKLE CELL REPORTING FORM- PLEASE READ THE INSTRUCTIONS

OpenCommunicator

new Patient8

Home

Profile

Handouts

Messages

Letters

Forms

Log Out

Athletics 9 Sickle Cell Trait Reporting

Items marked with **are required.

Sickle Cell Trait - Reporting Form

About Sickle Cell Trait:

- Sickle Cell Trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle Cell Trait is a common condition (> three million Americans) - Although Sickle Cell Trait is mostly predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South/Central American ancestry, persons of all races and ancestry may also test positive.
- An undiagnosed trait can be dangerous, even fatal. During intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood and possible death. Twenty-one college football players with Sickle Cell Trait have collapsed and died over the past decade.
- If an athlete tests positive, he or she will still be able to participate in athletics activities with certain precautions.
- More information on Sickle Cell Trait may be found at the following NCAA website:
<http://www.ncaa.org/sport-science-institute/sickle-cell-trait>

Sickle Cell Trait Testing:

The NCAA has mandated that all Division II student-athletes be tested for Sickle Cell Trait, show proof of a prior test, or sign a waiver releasing the school from liability if they decline to be tested before participating in athletic-related activities, including intercollegiate athletics events, strength and conditioning sessions, practices, competitions, etc.

** Select one of the options below:

☐ A. I will submit a copy of my newborn screening records pertaining to Sickle Cell Trait will be forwarded (this test was mandated for all Pennsylvania newborns beginning in September 1992. If you were born in another state, you will have to check their statute).

☐ B. A copy of my Sickle Cell Trait test from a physician or other authorized medical care provider will be mailed to: The Office of Sports Medicine, 124 Keystone Hall, Kutztown, PA 19530

☐ C. I voluntarily decline to be tested, I understand that an undiagnosed trait can be dangerous, even fatal, and agree to sign the waiver below. **IF YOU CHOSE THIS OPTION YOU MUST SIGN THE WAIVER BELOW

If you choose Option C you must complete this Waiver yearly.

If you selected A above, use the hyperlink for your birth state to obtain your records.

PA NCAA Sickle Cell Reporting Form
<https://www.kutztown.edu/Departments-Offices/S-Z/SportMedicine/Documents/Forms/sicklecellinstruction.pdf>

NY NCAA Sickle Cell Reporting Form
<https://www.wadsworth.org/programs/newborn/screening/providers/obtaining-results>

NJ NCAA Sickle Cell Reporting Form

OpenCommunica....html

Show all

HEALTH AND WELLNESS REQUIRED FORMS- THESE FORMS ARE REQUIRED OF ALL STUDENTS FOR CARE IN THE HEALTH AND WELLNESS CENTER. COMPLETE THEM ALL

| | |
|-----------------------------------|--|
| Consent for Treatment | <p>Please provide the requested information with special attention to the required fields.</p> <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |
| Health History Form | <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |
| Immunization Form | <p>Saved But Not Submitted:</p> <p>Last saved on 5/8/2020 2:01 PM</p> |
| Insurance Information Form | <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |
| Notice of Privacy Practices | <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |
| Options for Meningitis Compliance | <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |
| TB Screening Questionnaire | <p>Not Yet Complete:</p> <p>Please provide the requested information with special attention to the required fields.</p> |

Powered by Point and Click Solutions © 2020

Language: [Default](#)

OpenCommunica....html

Show all X

QUESTIONS

PLEASE EMAIL QUESTIONS TO JACK ENTRIEN- ENTRIEN@KUTZTOWN.EDU