



Office of Sports Medicine
Department of Athletics & Recreation
Bucknell University
One Dent Drive
Lewisburg, Pennsylvania 17837
sports-medicine@bucknell.edu www.bucknellbison.com

April 25, 2018

Dear Student-Athlete,

This packet presents you with the mandatory requirements that all student-athletes must provide Bucknell Sports Medicine in order to be medically eligible to begin participation with your NCAA team. Step-by-step instructions are included in this packet. In order for you to be able to start activities with your team, we need your assistance and cooperation with the below listed materials/forms. Please read the instructions carefully that are included in the rest of this packet.

New Incoming Student Athlete Requirements

- Create personal medical file using SportsWare Online (SWOL).
- Complete all required fields within SportsWare.
- Complete all required forms assigned on SportsWare.
- Pre-Participation Physical Examination (PPE)
- Sickle Cell Test Results (If not provided during the PPE)
- Medical Insurance Responsibilities form (**Signed by athlete and policy holder**)
- ADHD form if needed. (Annually)

Returning Student Athlete Requirements

- Open personal medical file on SportsWare (SWOL).
- Update all information in SportsWare (insurance change, med history etc.)
- Complete all required forms assigned in SportsWare.
- Medical Insurance Responsibilities form (**Signed by athlete and policy holder**)
- ADHD form if needed. (Annually)
- Upload any notes from outside physicians seen over the summer

For forms that need to be uploaded, please do so as a .PDF file into your personal medical file on SportsWare Online. Anyone that is under the age of 18 at the time of completion of the forms must also have a parent signature accompanied on **ALL** forms. It is recommended that you keep the original copies of all forms. **All medical information must be submitted by June 15, 2018.** If you encounter problems, please contact me with your concerns at: sports-medicine@bucknell.edu

Sincerely,

A handwritten signature in black ink that reads "Ian A. Wood".

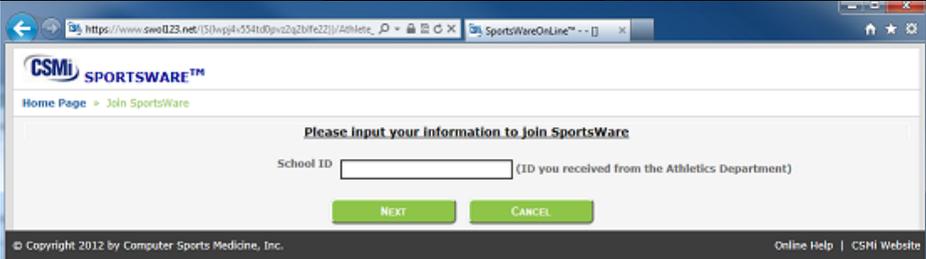
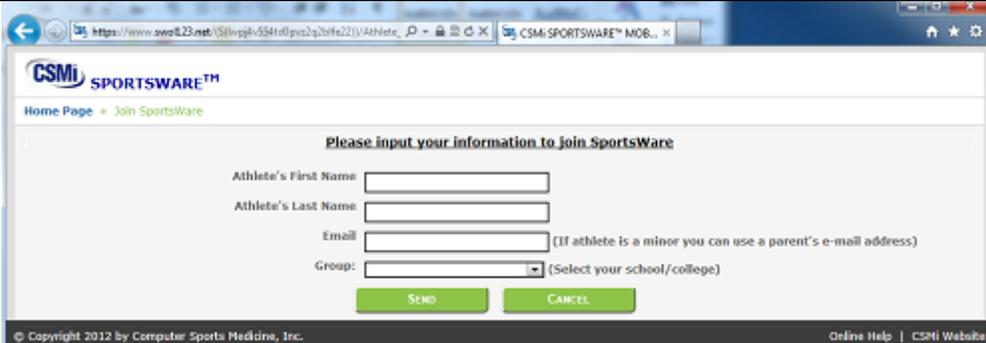
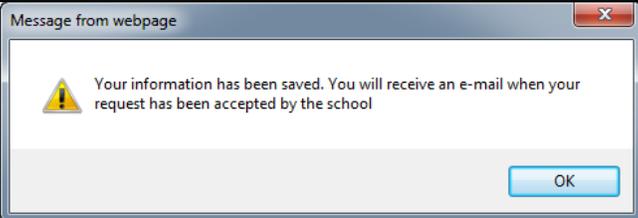
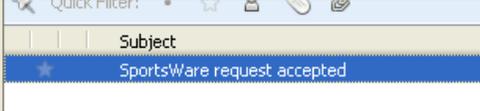
Ian Wood, MS, ATC
Associate Director of Athletics - Sports Medicine

****RETURNING athletes, please proceed to page 3: updating information in swol.**

Step 1 & 2: Create a SportsWare Online Account & Complete Information

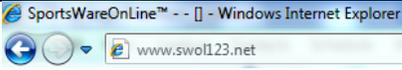
Bucknell Sports Medicine uses an online medical data entry system called SportsWareOnline: Follow the attached instructions to set up your username and passcode. From the main dashboard, you must: (a) fill out the following tabs under **MY INFO** (General, Address, Emergency, Insurance, and Medical); (b) complete the questionnaire tab under **MED HISTORY** and click save (c) open and fill out first year/returner packet under the **FORMS**, click to save and submit (d) upload Varsity Athlete sports medicine page(pages 4-5 in the student health packet), upload sickle cell proof (if needed), and last, upload the insurance acknowledgement signed by the policy holder as well as the student athlete. A final page will let you know if you have completed all online requirements or if you still have required fields to fill out.

Joining SportsWare OnLine (SWOL)

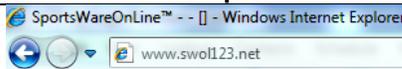
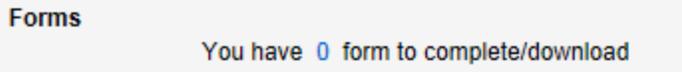
Instruction	Example
Go to www.swol123.net .	
Scroll to the middle of the screen and click the Join SportsWare button.	
<p>In the School ID space:</p> <p>Please type Bucknell as the school ID</p>	
<p>Enter your First Name, Last Name, BUCKNELL EMAIL ADDRESS and click the Send button.</p> <p><i>@bucknell.edu addresses are sent from the registrar's office.</i></p> <p>**Only student assigned @bucknell.edu email address will be accepted.</p>	
Your request to join SportsWare will then be sent to the Sports Medicine Office for review.	
<p>Once your request is accepted you will receive an e-mail with the Subject "SportsWare request accepted".</p> <p>Open the e-mail and click the www.swol123.net link to continue to SportsWareOnLine.</p>	 <p>**Request for acceptance may take approximately 2-3 business days to process.</p>



Setting Your SWOL Password

Instruction	Example
Go to www.swol123.net	
Enter your Bucknell Email Address and click the Reset Password button.	
<p>You will receive an e-mail with the Subject "<i>SportsWareOnLine Password Request</i>".</p> <p>Open the e-mail and click on the link to reset your password. Enter your @bucknell.edu e-mail address, new password and click the Save button.</p>	 <p>Password will be used by student-athlete throughout the year to also schedule appointments with the athletic trainer.</p>

Updating Your Information- Returning Athletes start here**

Instruction	Example
Go to www.swol123.net	
Enter your Bucknell Email Address and click the Login button.	
<p>At the top of the page is the Menu Bar.</p> <p>My Info: General, Address, Emergency, Medical, Insurance- (Include uploaded copy of front & back of card). Needs to be updated if any changes occur.</p> <p>Med History: Complete a Medical History questionnaire. Please be more specific in comment section for any questions answered "yes". Specify exact body part (left or right), severity of injury/illness, dates of injuries, etc. Needs to be completed annually.</p> <p>Forms: *Click here to Upload physical, insurance acknowledgement, and sickle cell forms. Save as: Last Name_Name of form. Save forms individually. You will also have an assigned form called Bucknell sports medicine required forms 2018-2019 Please fill this out, save and submit. The program will not let you submit without completing all required information.</p>	  <p>**Please note that all required fields are marked with a red asterisk.**</p>

Step 3: Pre-Participation Physical Requirement

(Appropriate Form attached)

All first year athletes planning to participate or try-out for a varsity sport **MUST** first have a Pre-Participation Physical Examination for NCAA. Please note that the **Bucknell Sports Medicine Varsity Athlete** required form is now attached to the Student Health Center Packet (pages 4-5). **You will need to upload this separate Varsity athlete form to SportsWare.** The rest of the Health center packet will be sent to the Health center. Please make sure that the appropriate form is submitted to the correct entity. Misdirected forms can delay clearance of a student-athlete for participation.

NCAA 6-month rule:

Effective starting August 2007, all NCAA member institutions were required to adhere to the following:

Ruling - "17.1.5 Mandatory Medical Examination. Prior to participation in any practice, competition or out-of season conditioning activities (or, in Division I, permissible voluntary summer conditioning in basketball and football or voluntary individual workouts pursuant to the safety exception), student-athletes who are beginning their initial season of eligibility shall be required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). **The examination or evaluation must be administered within six months prior to participation in any practice, competition or out-of-season conditioning activities.** In following years, an updated history of the student-athlete's medical condition shall be administered by an institutional medical staff member (e.g., sports medicine staff, team physician) to determine if additional examinations (e.g., physical, cardiovascular, neurological) are required. The updated history must be administered within six months prior to the student-athlete's participation in any practice, competition or out-of-season conditioning activities for the applicable academic year." -- *Please contact your coach if you do not know your team's participation start date.*

If an athlete is not cleared or is restricted for any reason at the time of the physical examination, please include additional physician notes with diagnosis of injury/illness, any copies of particular testing (lab work, x-ray, MRI etc.) done for the injury/illness with the physical examination form. This includes, but is not limited to:

- Missing or impaired organ
- Significant injury/illness
- History of concussion diagnosed by Physician

****This must be submitted to the Bucknell Sports Medicine Department by uploading into your personal SportsWare Online account. File should be saved as: Last Name Physical 2018**

Step 4: Sickle Cell Screening

All Division I student-athletes are required by the NCAA to have been tested for the sickle cell trait. ***Bucknell University requires all first-year student-athletes to show proof of testing by all first year student-athletes either by a testing that was done at birth or by a current Hemoglobin (Hb S or Hgb S) test. Bucknell University does not provide a waiver in replace of a sickle cell screening.***

There is no specific form for the sickle cell test results. The lab results for this hemoglobin test are what will be submitted. If testing was done at birth, the hospital of birth will have a copy of the results. This proof is to be brought to your physical, where your primary physician can fill and sign the appropriate section on the Pre-Participation form. If results are pending or results were not brought to the physical appointment the proof is to be uploaded to SportsWare & saved as: Last Name_Sickle Cell

- Approximately 2.5 million people in the US and 300 million in the world have sickle cell trait.
- Serious complications are rare in sickle cell trait, but include:
 - Increased risk for sudden death during prolonged physical conditioning and during exercise at high altitude, presumably in association with rhabdomyolysis
 - Splenic infarction can develop at high altitude
 - Bloody urine
 - Risk of venous thromboembolism (blood clots) among African-Americans with sickle cell trait appears to be 2-4 times that of African-Americans without this condition.
 - Athletes who test positive for Sickle Cell Trait do not have to quit their sport, but would meet with the Coach, Athletic Trainer and Team Physician to discuss training strategies to prevent medical emergencies.

Step 5: Attention Deficit Hyperactivity Disorder (ADHD)

(Appropriate Form attached)

****This form is ONLY required if you are currently being prescribed ADHD Medications.****

ADHD Medications are classified as a stimulant drug and are considered as a Banned Substance by the NCAA. In order for a student-athlete that is currently prescribed ADHD medications by his/her physician to not be considered a positive NCAA drug test, the ADHD form must be submitted to the Bucknell Sports Medicine Department. If the student-athlete fails to inform the Sports Medicine Department and the student-athlete is chosen for NCAA drug testing, the student-athlete would have a positive drug test. Positive NCAA drug Tests result in a one year suspension.

Student-Athlete Document Responsibility – The student-athlete’s documentation from the prescribing physician to the athletics department/sports medicine staff should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately.

1. Description of the evaluation process which identifies the assessment tools and procedures.
2. Statement of the Diagnosis, including when it was confirmed.
3. History of ADHD treatment (previous/ongoing).
4. Statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
5. Statement regarding follow-up and monitoring visits.

****This must be submitted to the Bucknell Sports Medicine Department by uploading into your personal sportsware account. File should be saved as: Last Name_ADHD_2018**

Step 7: Acknowledgement of Medical Insurance Responsibility

(Appropriate Form attached)

This form acknowledges the personal medical responsibilities of the student-athlete. This form must be filled out in its entirety. Please make sure to initial each statement that has been indented to acknowledge that you have read and understand each one. Please sign and date at the bottom of the page. If you are included on a parent or legal guardian’s medical insurance, it is **required** to have the signature of the **Policy Holder** for the primary medical insurance also sign this form. The form must be completed and uploaded to your SportsWare account in order to be cleared to participate with your team. The University’s insurance carrier has also provided some advice on local insurance coverage in the HMO environment. It should be noted that Kaiser Permanente and United Health Care policies are **NOT** widely accepted in Lewisburg and surrounding areas. If you currently have one of these policies or a high deductible policy it is suggested that you consider the student health plan. ***You should also coordinate a visiting patient/provider number with your insurance carrier to change the Primary Care Provider (PCP) to Dr. Catherine O’Neill in the student health center.***

****This must be submitted to the Bucknell Sports Medicine Department by uploading into your personal sportsware account. File should be saved as: Last Name_Insurance Responsibility_2018**



Mandatory Health Information for NCAA Varsity Athletics **ONLY**

*Complete medical history questionnaire on www.swoll23.net

Athlete's Name _____ Sport _____

**Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.**

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):</p> <p><input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>Head Neck Shoulder Upper arm Elbow Forearm Hand/Fingers Chest Ankle Foot/Toes</p> <p>Upper back Lower back Hip Thigh Knee Calf/shin</p> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>CONCUSSION OR TRAUMATIC BRAIN INJURY</p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FEMALES ONLY</p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

Parent's/Guardian's Signature (if under 18) _____ Date ____/____/____



SPORTS MEDICINE

To be used for NCAA Varsity Athletics ONLY cont.

Must be filled out by approved medical personnel performing physical exam.

Athlete's Name _____ Sport _____

Height _____ Weight _____ Blood Pressure ____/____ Pulse _____

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Sickle Cell Screen:

Date of screen _____ Results of screen _____

*If drawn today or pending recent results, athlete is responsible for submitting to Bucknell Sports Medicine via their sportsware account (swol123.net)

I hereby certify that I have reviewed the health history, performed a comprehensive initial pre-participation physical evaluation of the herein named student athlete, and, on the basis of such evaluation and the student's health history, certify that, except as specified below, the student is physically fit to participate in NCAA inter-collegiate athletics:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD, DO, PAC (circle one) Date ____/____/____

Dear Provider:

Please complete the form below 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!

Medical Exception ADHD / ADD

Date ____/____/ ____

Patient Name _____ Date of Birth ____/____/ ____

Your patient is a student athlete (SA) participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation be submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health & Safety website <http://www.ncaa.org/wps/ncaa?ContentID=481>

Date of Clinical Evaluation: ____/____/ ____

Required ADHD evaluation components Comments:

Comprehensive clinical evaluation (using DSM-IV criteria) _____

Adult ADHD Rating Scale (e.g., Adult ADHD self-report scale (ASRS), CONNER's Adult ADHD reporting scale(CAARS)

Score: _____

Monitored blood pressure and pulse _____

Alternative non-banned medications have been considered _____

****please submit copies of test results for the SA's medical record & NCAA purposes****

Additional ADHD evaluation components

Reporting of ADHD symptoms by other significant individual(s); _____

Other Psychological testing; _____

Physical exam date: ____/____/____ Results: _____

Laboratory/testing; _____

Previous documentation of ADHD diagnosis: _____

Other/Comments: _____

Diagnosis: _____

Medication(s) and Dosage: _____

The student-athlete will follow-up with me in (circle one) 3 months, 6 months, 12 months, other _____

Physician Name (Printed): _____ Date: ____/____/____

Physician Signature: _____ Specialty: _____ (M.D. or D.O.)

Office Address: _____ Contact #: _____

Please feel free to attach any clinical SOAP notes that may help clarify your patient/ our athlete's diagnosis of ADHD/ADD and the need for stimulant medications. THANK YOU FOR YOUR TIME!

Student Athletes: Please complete the following;

I, _____, give _____ permission to release all information regarding my treatment for ADHD to the Bucknell University Athletic Department, and the National Collegiate Athletic Association. This authorization will be valid for one calendar year beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of Athletic Medicine or another member of the University Health Services, understanding that all information released prior to my revocation is excluded.

My typed name below indicates that I have read and understand the above statement.

Signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____ (if under 18 years)

Bucknell University
Acknowledgement of Medical Insurance Responsibilities

Bucknell University requires that all varsity student-athletes maintain a comprehensive medical insurance plan with hospital, professional and extended benefits as their primary insurance. Any personal plan should provide full, In-Network coverage within the extended Lewisburg/Danville geographic area for intercollegiate sports-related injury or illness.

Every year, Bucknell Athletics requires the varsity student-athlete and his/her parent or guardian to:

1. Complete this Acknowledgement of Medical Insurance Responsibilities;
2. Provide a copy of the front and back of the athlete's valid medical insurance card via SportsWare Medical Files; and,
3. Immediately report discontinued or any change to athlete's medical insurance coverage to his/her athletic trainer.

How does the Bucknell Athletics Medical Insurance Program Work? The varsity student-athlete has three sources of medical insurance for athletically-related injuries – primary, secondary and catastrophic.

Primary source of insurance is the athlete's own comprehensive medical insurance plan.

Secondary source of insurance is provided under Bucknell Athletics' Excess Accident Insurance Plan. Before this plan will activate, the athlete must satisfy a \$1,000 deductible with out of pocket medical expenses and/or insured expenses that are covered under the athlete's comprehensive medical insurance plan. Once the deductible is satisfied, the Excess plan will coordinate benefits and pay covered expenses only when they are in excess of benefits paid by the athlete's comprehensive medical insurance plan, subject to the limits and exclusions of the plan. Maximum benefit is \$90,000 per covered injury. Any questions related to the Athletic Excess Accident Insurance plan should be directed to Ms. Mandy Olley – 570-577-1159 or ajo004@bucknell.edu

Catastrophic source is provided by the NCAA Catastrophic Injury Insurance Program for injuries exceeding the \$90,000 deductible. Specific coverage is subject to the limits and exclusions of the program. Details can be found online at www.NCAA.org

By initialing and signing below, I acknowledge that Bucknell University has provided me with specific informational material regarding my medical insurance responsibilities related to intercollegiate athletic injuries.

I _____ understand that: (Please Initial Each Line)

(Print First & Last Name)

_____ It is my responsibility to check with my primary insurance to determine if the insurance coverage meets the In-Network threshold for the facilities that the Bucknell Sports Medicine Team utilizes.

_____ If my personal medical insurance plan is out-of-network for the Lewisburg/Danville area, I have the option to purchase a student-specific, In-Network medical insurance plan made available to all Bucknell students. In the event I do not have In-Network insurance coverage, there is a possibility that I may need to go home to seek In-Network coverage for the injury, which may delay my return-to-play.

_____ If injured while participating in Bucknell Athletics, I must report all injuries immediately to the athletic trainer who will examine the injury and refer me, if necessary, to the Team Physician.

_____ All second opinions must be authorized by Bucknell Medical Staff to be considered for secondary/excess policy coverage.

_____ If I am injured while participating in Bucknell Athletics and choose to go to a physician other than the team physician, **I am responsible for the entirety of the charges.** I must be evaluated upon return by a Bucknell team physician before being cleared to return to team activities. I must have all doctors' visit/progression of injury notes, images, reports and clearance note with my personal physician's signature before the team physician will evaluate me for returning to athletic activity with the team..

_____ All medical expenses associated with an athletic injury will be processed through my primary medical insurance before the option of excess or catastrophic policy coverage is applicable.

_____ The athletic excess policy only covers charges related to procedures that have been approved by the Athletic Department/Bucknell Medical Staff for reported athletically-related injuries.

_____ I am responsible for carrying my insurance card or copy of insurance information with me at all times.

Student-Athlete Printed Name

Signature

Date

Policy Holder Printed Name (If not student-athlete)

Signature

Relationship

Date



New Athlete Checklist for Medical Eligibility

If these items are not completed you will **NOT** be cleared for participation with your team. Please have all requirements met by **JUNE 15th, 2018.**

Create a SportsWare Online account.

- www.swol123.net
- You **must** use your @bucknell.edu Email Address to request to join SportsWare. No other email addresses will be accepted.
- Response may take 2-3 business days.

Complete ALL requirements in SportsWare Online

▪ **My Info**

- General
- Address
- Emergency
- Medical – Do not need vaccinations
- Insurance – Complete Section & **upload copy (front & back of card)**

▪ **Med History**

- Explain all “Yes” Answers –Date of injury, extent of injury, surgery (if needed), etc.

▪ **Forms**

- **Bucknell Sports Medicine Required forms 2018-2019-** is assigned in sportsware (SWOL) and must be filled out in its entirety before it will let you save and submit. This packet includes:
 - Health Insurance Coverage for Students Away From Home
 - Second Medical Opinion Policy
 - Sport Safety
 - Assumption of Risk
 - Consent to Treat
 - HIPPA
 - Concussion Acknowledgement
 - NCAA Concussion/Sickle cell/ Rhabdomyolysis video
- Please initial/sign/fill out appropriate spaces then save and submit in SportsWare.

Upload completed and signed Pre-Participation Physical

- Upload to your personal SportsWare account under forms.
- Please use the Varsity Athlete form on pages 4-5 in the Student Health Center Packet. A copy is attached to the packet that is emailed to your @bucknell.edu, you can also find a copy on your SportsWare account and download the blank copy from there.
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018

Upload proof of sickle cell testing.

- If proof of sickle cell testing is not provided during the PPE exam, proof will need to be uploaded to your personal SportsWare account.
- If sickle cell proof is provided during the PPE, the physician will sign the appropriate box on the form and when the PPE is uploaded your sickle cell testing will also be uploaded.
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018

Upload Insurance responsibilities acknowledgement with the POLICY HOLDER’S signature.

- Upload to your personal SportsWare account under forms.
- A copy of this form is attached to the packet sent to your @bucknell.edu email address as well as available for download on SportsWare under the forms tab.
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018

Upload ADHD Form (If currently prescribed these meds)

- To be done annually. (This form is also attached to the emailed packet, as well as on SportsWare available to download under the forms tab)



Returning Athlete Checklist for Medical Eligibility

If these items are not completed you will **NOT** be cleared for participation with your team. Please have all requirements met by **JUNE 15th, 2018.**

Login to your SportsWare (SWOL) account.

- Update any information that has changed over the last year. i.e. insurance or address changes. **Make sure you have uploaded a picture of the front and back of your insurance card.**

Complete assigned forms in SportsWare.

- **Bucknell Sports Medicine Required forms 2018-2019-** is assigned in sportsware (SWOL) and must be filled out in its entirety before it will let you save and submit. This packet includes:
 - Health Insurance Coverage for Students Away From Home
 - Second Medical Opinion Policy
 - Sport Safety
 - Assumption of Risk
 - Consent to Treat
 - HIPPA
 - Concussion Acknowledgement
 - NCAA Concussion/Sickle cell/ Rhabdomyolysis video
- Please initial/sign/fill out appropriate spaces then save and submit in SportsWare.

Upload Insurance responsibilities acknowledgement with the POLICY HOLDER'S signature.

- Upload to your personal SportsWare account.
- A copy of this form is attached to the packet sent to your @bucknell.edu email address as well as available for download on Sportsware under the forms tab.
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018

Upload ADHD Form (If currently prescribed these meds)

- To be done annually. (This form is also attached to the emailed packet, as well as on SportsWare available to download under the forms tab)
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018

Upload any Imaging, Physical Therapy notes, Doctor's notes, or new prescriptions to your forms in SportsWare.

- If you have had any Doctor's visits or new imaging done on new or existing injuries, you will need to provide the documentation.
- When uploading forms - Save as a .PDF File and title: Last Name_ File Name_2018