

**NJCAA
MEDICAL EVALUATION FORM
PART 1**

To be completed by student and submitted to the examining physician before (s)he examines the student.

Student _____ Parent(s) _____

Last First Middle

Date of Birth _____ Address _____

Home Phone _____ Cell _____

PERSONAL HEALTH OF STUDENT

Circle correct reply

- | | | |
|---|-----|----|
| 1. Has had injuries or accidents requiring medical attention | YES | NO |
| 2. Has had a surgical operation | YES | NO |
| 3. Has been in a hospital | YES | NO |
| 4. Has had sickness lasting longer than one week | YES | NO |
| 5. Takes medicine now or regularly | YES | NO |
| 6. Has a condition now under a physician's care | YES | NO |
| 7. Any defect of hearing or eyesight? Wear glasses, contact lens? | YES | NO |
| 8. Any reason this student should not take part in any sport? | YES | NO |

If "YES" to any question, explain here with names and dates: _____

- | | | |
|---|-----|----|
| 9. Has had complete poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin) | YES | NO |
| 10. Has had tetanus toxoid and booster inoculation within past 3 years | YES | NO |
| 11. Has seen a dentist within the past 6 months | YES | NO |
| 12. To his/her knowledge, the paired organs that follow are present and healthy | | |
| Eyes | YES | NO |
| Ears (hearing) | YES | NO |
| Lungs | YES | NO |
| Kidneys | YES | NO |
| Testicles or ovaries | YES | NO |
| Arms/legs | YES | NO |
| Fingers/toes | YES | NO |

If "NO" to any questions, explain here with names and dates: _____

If a tetanus booster is indicated, I give my permission for such an inoculation to be administered by the examining physician, _____.

- | | | |
|---|-----|----|
| 13. Has had immunization for rubella and measles | YES | NO |
| 14. Have any of the following: asthma, anemia, heart trouble, diabetes, kidney problems, epilepsy or convulsions? List: _____ | YES | NO |
| 15. Have any allergies or allergic to any medications? List: _____ | YES | NO |
| 16. Any head injuries or concussions? Date: _____ | YES | NO |

**AGREEMENT TO PARTICIPATE
(Intercollegiate Athletics)**

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above named sport includes, but is not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being.

Because of the dangers of participating in sports, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration of St. Louis Community College permitting me to practice, play or try out for St. Louis Community College _____ team, and to engage in all activities related to the team, including practicing, playing, and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless, St. Louis Community College, the physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the St. Louis Community College _____ team.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

To hereby agree to submit any disputes that may arise between myself and St. Louis Community College, its agents, servants and employees, the athletic staff of St. Louis community college, the physicians and other practitioners of the healing arts treating me, and all their agents, servants and employees, in connection with my activities at St. Louis Community College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

I, _____, hereby authorize and request St. Louis Community College at Florissant Valley, and their duly authorized agents, servants or employees (including coaches, athletic trainers, and physicians), to furnish to all professional teams, their scouts, representative agents, athletic trainers, physicians, servants or employees, or to the Sports Information Director and media outlets, any and all information concerning or having bearing upon my participation in athletics at St. Louis Community College at Florissant Valley. Said authorization shall include, but is not limited to, any and all information within their knowledge, or contained in any records under their supervision or control concerning my physical condition, illnesses, injuries, and any treatment, hospitalization, examinations, or other tests rendered to me, and allow them to furnish such persons or organizations originals or copies of all written reports, hospital records, tests, x-rays, and too make such reports to such persons or organizations concerning myself as they may request.

(over)

Should I sustain injury while participating in any activity associated with St. Louis Community College sports including tryouts, auditions, practices, games, travel, use of Fitness Center and eight lifting facility, I hereby consent to first aid, emergency care, admission and hospitalization to an accredited hospital, transportation costs to the hospital if appropriate, and necessary for executing such care.

I also grant permission to the St. Louis Community College team physician and/or their consulting physicians to render any treatment or surgical care they deem reasonably.

In addition, I also authorize the athletic trainers at St. Louis Community College who are under the direction and guidance of the St. Louis Community College team physicians to render any preventive first aid, rehabilitation, emergency treatment that they deem reasonable and necessary to the health and well being of an athlete.

I specifically acknowledge that _____ involves activity with greater risk of injury than other sports.

USE OF TOBACCO, ALCOHOL, CONTROLLED SUBSTANCES

I am also aware that the use of tobacco, alcohol, controlled substances while under the jurisdiction of the St. Louis Community College athletic program is in violation of the Participation Code of the NJCAA and the College, and can result in disciplinary action.

RESPONSIBILITY FOR PROPERTY AND EQUIPMENT

Further, I understand that I am responsible for the expense incurred should I be involved in causing damage to property or equipment while under the jurisdiction of the St. Louis Community College athletic program, as well as for the care and return of uniforms, equipment issued to me as a participant.

PHOTO RELEASE

This is a legally-binding Release made by me, _____, to the St. Louis Community College.

The undersigned further agrees to indemnify and hold harmless St. Louis Community College, its governing Board and its agents, servants, officers, directors, and employees from each and every claim, demand, loss, damage, or expense for any and all liability or damages resulting from the use of said photograph(s), audio and/or audiovisual recordings that may in any way relate to his/her representation that he/she is the person whose name, voice, and/or image is reflected therein.

Date

Signature

Home Telephone Number

Student I D Number

Cell Phone number

Parent or Guardian (if under 18)

PARENT INFORMATION FORM

PARENT/GUARDIAN TO COMPLETE AND RETURN TO: Team Athletic Trainer

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS. NOTE: Complete all blanks. If information is not applicable, indicate the reason it is not (e.g. deceased, divorced, unknown).

Name of Athlete: _____ Sport: _____

Social Security #: _____ Date of Birth: _____

College Address: _____ Phone: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

Medical Insurance _____ Medical Insurance _____

Company or Plan: _____ Company or Plan: _____

Address: _____ Address: _____

Policy #: _____ Policy #: _____

Phone #: _____ Phone #: _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? YES _____ NO _____

Does your insurance or plan require a second opinion before surgery? YES _____ NO _____

I hereby authorize *St. Louis Community College and First Agency of Kalamazoo, Michigan* to inspect or secure supplies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

I authorize that the college/university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college/university.

Parent/Guardian Signature: _____ Date _____

**GENERAL STATEMENT
REGARDING THE COLLEGE'S
INSURANCE COVERAGE**

The athletic accident insurance at St. Louis Community College provides EXCESS COVERAGE for your son/daughter for accidents while participating in the play or official team practice of intercollegiate sports, including sponsored and authorized team travel.

There is a five hundred dollar (\$500) deductible to be paid before the college's insurance coverage may take effect. This \$500 deductible must be met by either the athlete's out-of-pocket expense (no insurance coverage) or by the athlete's insurance company. If an athlete's insurance coverage is exhausted due to medical expenses, the college's insurance coverage may take effect providing that the \$500 deductible has been paid.

It is important that injuries be reported to the athletic trainer so that proper documentation and paperwork be completed in the event a claim needs to be processed.