

2015-16 Point Park University Athletics Medical Packet

Enclosed you will find many of the necessary forms needed to compete in intercollegiate athletics during the 2015-16 year. Please return all completed forms and a **FRONT AND BACK COPY OF YOUR CURRENT INSURANCE CARD** no later than **July 15, 2015** to:

**Point Park University
Department of Athletics
201 Wood Street
Pittsburgh, PA 15222**

CONTENTS

**ALL PARTS OF THIS PACKET ARE IMPORTANT,
AND IT MUST BE COMPLETED IN ITS ENTIRETY!**

- 1) Explanation of University Insurance Requirements to Participate (pages 1 and 2)
- 2) Acknowledgment of University Insurance Requirements Page – signatures needed (page 3)
- 3) Personal and Insurance Information Page – information and signatures required (page 4)
- 4) Medical History – IMPORTANT: please complete **carefully** and in its **entirety** (page 5)
- 5) Authorization to Disclose Information to the Univ. Athletics Insurance Carrier – authorizes one of your parents/guardians to speak with the University Insurance Company on your behalf (page 6)
- 6) University Policy on Primary Health Insurance (page 7)
- 7) NEW -- NAIA Policy on Sickle Cell Trait Form – must be signed and returned (pages 8 and 9)

If you have any questions, please contact:

Director of Athletics
Dan Swalga
(412) 392-3911

Or

Administrative Assistant
Karina Graziani
(412) 392-3844



UNIVERSITY INSURANCE REQUIREMENTS AND INSURANCE PLAN OPTIONS

To: Student Athletes of Point Park University and their Parents/Guardians

The information below is intended to help explain our health insurance policies and procedures.

Primary Insurance: All athletes are required to have valid primary health insurance (UPMC, Highmark, BC/BS, Aetna, HII, etc.) at all times while representing Point Park University. The University will not accept the following types of insurance:

- **Newsletter type insurances and/or Christian organization/group insurance;**
- **If your card says “this is not an insurance card”- we will NOT accept it;**
- **Tricare, Medicare, or any equivalent plan**

In addition, Primary health insurance must meet the following minimum criteria, (the “University Insurance Requirements”) in order to be considered valid and acceptable by the University:

- **Insurance must cover injuries sustained in the practice or play of intercollegiate sports**
- **Insurance deductible must not exceed \$5,000 per policy year**
- **Out of PA state athletes must be fully covered by their primary insurer in the Commonwealth of Pennsylvania (not just in emergency situations). This means that your insurance carrier must reimburse student-athletes/parents for “out of network” charges.**

It is VERY important that you confirm the above criteria with your primary insurer; we recommend written confirmation from the primary health plan carrier.

Finally, it is the athlete’s responsibility to inform the Director of Athletics of any changes with their primary insurance during the 2015-16 year.

IMPORTANT INFORMATION FOR ALL STUDENT ATHLETES:

Student-athletes who do not have primary medical insurance coverage and/or whose current primary medical insurance coverage does not meet the University’s above-listed insurance requirements, you **MUST** purchase the University Student Health Plan made available to Point Park students. Please contact Dan Swalga at 412-392-3911 for information on obtaining this plan.

IMPORTANT INFORMATION FOR INTERNATIONAL STUDENT-ATHLETES:

International student-athletes must accept and pay for the University Student Health Plan.

For more information about the University Student Health Plan, please contact Point Park University Student Affairs.

Athletics Insurance Coverage: Point Park University Athletics provides excess/secondary insurance coverage through Summit America Insurance Services to all student-athletes. This insurance provides excess/secondary coverage for the student-athlete for injuries sustained while participating in the play or official team practice of intercollegiate sports, including sponsored and authorized team travel. **THIS COVERAGE WILL BEGIN WHEN THE STUDENT-ATHLETE'S PRIMARY INSURANCE HAS BEEN EXHAUSTED.**

The following is a list of conditions that are NOT covered and will not be considered for reimbursement by the secondary insurance provider:

- Injuries and/or illnesses sustained outside of athletic participation;
- Deductible of primary insurance greater than \$5,000;
- If primary insurance does not cover reasonable, usual and customary medical charges in Pennsylvania;
- If coverage of primary insurance lapses at any time while representing Point Park University; and
- Medical care for athletic injuries sought without consulting with the athletic training staff or without seeking approval as required by your primary insurance carrier.

This is not an exhaustive list of conditions that would disqualify the student athlete from secondary insurance coverage.

ACKNOWLEDGMENT AND SIGNATURES

The following acknowledgments must be initialed by both the parent/guardian and the student athlete:

 / I/Student-Athlete have/has read and understand(s) the University’s Insurance Requirements to
Initial Here participate as a student-athlete at Point Park University.

 / By signing this form, I/Student-Athlete verify that I/Student-Athlete have/has a primary
Initial Here insurance plan to provide coverage for injuries sustained in the practice or play of intercollegiate sports and that meets the University’s Insurance Requirements.

 / I/Student-Athlete have/has read and understand(s) the Secondary Insurance policy and
Initial Here procedures stated in the information above.

 / I/Student-Athlete understand(s) that any/all medical bills/expenses incurred while an athlete at
Initial Here Point Park University are our responsibility to the extent of any deductibles, co-payments, co-insurance, and/or to the extent any medical expenses or claims are denied and/or refused by the primary or secondary carriers and/or are considered ineligible under the primary or secondary insurance plan.

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE READ THE ENTIRE DOCUMENT; THAT YOU UNDERSTAND AND CONSENT TO THE TERMS AND CONDITIONS SET FORTH THEREIN; AND THAT YOU AUTHORIZE RELEASE OF INFORMATION TO SUMMIT AMERICA AS SET FORTH ABOVE.

THIS FORM MUST BE SIGNED BY BOTH STUDENT ATHLETE AND PARENT/GUARDIAN.

Signature: _____
(Parent or Guardian)

Date: _____

Signature: _____
(Student-Athlete)

Date: _____

STUDENT PERSONAL AND INSURANCE INFORMATION, AND CONSENT TO TREAT FORM (FORM 1)
NOTE: THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN IF STUDENT IS UNDER THE AGE
OF 18 BEFORE OR DURING PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

PARTICIPANT CONTACT INFORMATION

PARTICIPANT'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

PRIMARY PHYSICIAN'S NAME _____ PHONE: _____

PARENT OR GUARDIAN'S CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: DAY _____ EVENING _____ CELL _____

EMAIL: WORK _____ PERSONAL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: DAY _____ EVENING _____ CELL _____

EMAIL: WORK _____ PERSONAL: _____

MEDICAL INSURANCE AND CONSENT TO TREAT STUDENT ATHLETE

INSURANCE CARRIER: _____ CARRIER PHONE: _____

ADDRESS: _____

POLICY/GROUP NUMBERS: _____ INSURANCE DEDUCTIBLE: \$ _____

THE ABOVE LISTED POLICY INCLUDES COVERAGE FOR INJURIES SUSTAINED IN THE PERFORMANCE OR PLAY OF INTERCOLLEGIATE SPORTS

YES _____ (INITIAL) YES BUT LIMITS COVERAGE TO: \$ _____ (INITIAL) NO _____ (INITIAL)

I, _____, give my permission for me to receive emergency medical treatment as deemed necessary/advisable by an employee, faculty member or agent of Point Park University at a hospital, clinic, urgent care facility, physician's office or other similar facility and authorize the release of any available medical information as necessary to facilitate such treatment. Any medical expenses that I may incur due to personal injury or illness are my financial responsibility and not that of the University and/or the Program. I understand and acknowledge that neither the nurse nor any other member of the University's or Program's staffs are permitted to store, dispense or administer any medicines.

SIGNATURE: _____

PRINT NAME: _____ DATE: _____

UPMC Sports Medicine
Physical Examination Form

Name _____ Date of Birth _____ Class _____
 Address _____ Phone (H) _____ (W) _____
 _____ (Cell) _____
 Parents/Guardian _____ Emergency Contact _____
 School _____ Sports _____
 SS # _____

Fill in details of "YES" answers in space below:

	YES	NO
1. Have you ever been hospitalized?		
Have you ever had surgery?		
2. Are you currently taking medication?		
3. Do you smoke?		
Do you cough with exercise?		
4. Do you have any allergies (medicine, bees, etc.)?		
5. Have you ever passed out during exercise?		
Have you ever been dizzy during exercise?		
Have you ever had chest pain?		
Do you tire more quickly than your friends during exercise?		
6. Have you ever had high blood pressure?		
Have you ever been told you have a heart murmur?		
Have you ever had racing of your heart or skipped beats?		
Has anyone in your family died of heart problems or had a sudden death before age 40?		
Do you or anyone in your family have Marfan's Syndrome (Abe Lincoln's disease)?		
7. Do you have any skin problems (itching, moles, breaking out)?		
8. Have you ever had a head injury or concussion?		
9. Have you ever had a seizure?		
10. Have you ever had a stinger or burner?		
11. Are you missing one of a paired organ (eyes, kidneys, ovaries, testes, etc.)?		
12. Have you ever injured (sprained, dislocated, fractured, etc.):		
___ Shoulder ___ Elbow ___ Arm ___ Wrist ___ Hand ___ Fingers/Thumb ___ Neck		
___ Chest ___ Back ___ Hip ___ Thigh ___ Knee ___ Shin/Calf ___ Ankle ___ Foot		
13. Do you have sickle cell anemia or sickle cell trait?		
14. Have you ever had heat cramps?		
Have you ever been dizzy or passed out in the heat?		
15. Have you ever had:		
___ Mononucleosis ___ Hepatitis ___ Asthma ___ Tuberculosis ___ Anemia		
___ Diabetes ___ Headaches ___ Eye Injuries ___ Stomach Ulcers		
16. Any additional health history information?		
17. Do you use special pads or braces?		
18. Do you use special appliances? (braces, hearing aids, insulin pumps, etc.)		
19. Do you wear corrective lenses/contacts for sports?		
Are they polycarbonate/safety lenses?		
20. When was your last tetanus shot?		
21. When was your first period? _____ When was your last period? _____		
Are your periods regular ?		
Explain "yes" answers here:		



Authorization to Disclose Information

Student Name: _____ Date of Birth: _____

School Name: Point Park University ID Number: _____

I authorize Summit America Insurance Services, LC to disclose information to the following person in relation to medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information.

This authorization will be good for one year from the date of signature. I understand that I may revoke this authorization by providing a written request to Summit America at any time. I further agree that a photo copy of this authorization shall be as valid as the original.

Person to whom Summit America may disclose information	Relationship
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Please itemize any restrictions upon this release:

Student Signature	Date
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Kansas City Office: 7400 College Blvd., Ste. 100, Overland Park, KS 66210. Phone: 913-327-0200. Fax: 913-327-0201.
Salt Lake City Office: 2180 South 1300 East, Suite 520, Salt Lake City, UT 84106. Phone: 801-412-2626.
Fax: 801-412-2625

University Policy on Primary Health Insurance

- All student-athletes are required to have primary health insurance.
- The University automatically enrolls athletes, resident students and dancers into the University Student Health Plan.
- You may opt-out of this plan if you have Primary Medical Insurance that meets the criteria necessary to participate in Intercollegiate Athletics.
- Please expect a letter and/or email from Student Affairs regarding declination of the University Student Health Plan. Follow the instructions in order to decline the University Student Health Plan, *provided your primary insurance meets the criteria on pages one and two of this packet*. Do not decline the University Student Health Plan if you are choosing to purchase the plan.
- **Important Notes:**
 - International student-athletes are required to purchase the University Student Health Plan.
 - Out-of-state student-athletes need to be certain their primary insurance covers treatment in Pennsylvania.



Sickle Cell Trait Testing Information

The NAIA recommends that all student-athletes have knowledge of their sickle cell trait status. All current and incoming athletes are **REQUIRED by the NAIA** to complete a sickle cell trait testing/waiver prior to practicing and/or competing in intercollegiate athletics. While the sickle cell trait test is not mandatory it is highly recommended that all athletes obtain knowledge on their sickle cell trait status. As a student athlete at Point Park University you must complete this form and agree to one of the following three options:

1. Show proof of a prior sickle cell test with results.
2. Have a blood test to check for sickle cell trait at either your family physician's office or University Health Services ***or***
3. Sign a testing waiver declining options 1 and 2.

Most student athletes have already had a newborn sickle cell trait status test. You can check with your family physician/ pediatrician to see if they have your results on file.

This form can be filled out by the athlete and/or parent if they do not have their results on record. You can also obtain a current test through your family physician.

- All athletes who have either tested positive for the sickle cell trait, have yet to obtain the results from a sickle cell test or decline to obtain a test are required to sign the waiver on page 9 and meet with our team athletic trainers prior to participating in intercollegiate athletics at Point Park University.

ABOUT SICKLE CELL TRAIT

- Sickle cell trait is an inherited condition affecting the hemoglobin in red blood cells. You are born with sickle cell trait; it cannot be developed over time or contracted like a disease.
- Sickle cell trait is a common condition currently present in over 3 million Americans.
- Although most commonly occurring in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean and South American ancestry, persons of all races and ethnicities may test positive for this condition.
 - Individuals with sickle cell trait usually have no symptoms or significant health problems. However, those with sickle cell trait may develop serious conditions that can occur with intense sustained physical activity. These conditions may lead to blood vessel and organ (kidney, muscle, heart) damage that can cause sudden collapse and death. Examples of settings in which this can occur are as follows: Timed Runs, All out exertion of any type for 2-3 continuous minutes without rest, intense drills and other bursts of exercise during prolonged conditioning/ training. Extreme heat, elevation and dehydration.
- For more information regarding sickle cell trait, visit the NCAA web site and go to the health-safety resource page and under sickle cell trait. <http://www.ncaa.org/health-and-safety/medical-conditions/sickle-cell-trait> or the NCAA: A fact Sheet for Coaches, Sickle Cell Trait, at <http://www.ncaa.org/sites/default/files/NCAASickleCellTraitforCoaches.pdf>. Links to both sites can be found on the Point Park University Athletics website under Athletic Training.



Sickle Cell Trait Testing/ Waiver

SICKLE CELL TRAIT TESTING

- The NAIA recommends that all student-athletes have knowledge of their sickle cell trait status. Student-athletes must complete one of the following (**Check one**):
 1. Show proof of a prior test with results (___)
 2. Have a blood test to check for sickle cell trait at your family physician's office (___)
 - or*
 3. Sign a testing waiver declining options 1 and 2. (___)

This must be completed **prior to participation** in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.

- Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics.
- Athletes who are positive for sickle cell trait or sign the waiver declining testing will be required to meet with our team physician to discuss concerns regarding participation with sickle cell trait.

ONE OF THE FOLLOWING OPTIONS MUST BE CHOSEN. INCLUDE ANY DOCUMENTATION IF NECESSARY:

1. Copy of athlete's newborn sickle cell testing result. _____ Date: _____
Most states require testing at birth, check with your hospital or pediatrician
2. Copy of recent sickle cell screening test result. _____ Date: _____
*Tests may be obtained from your family physician.
Cost of testing is the responsibility of the athlete.*

3. SICKLE CELL TESTING WAIVER:

By signing this waiver I understand and acknowledge that the NAIA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I certify that I have read and fully understand the aforementioned facts and I have had the opportunity to review the NCAA website for further information about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Point Park University Department of Athletics.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Point Park University, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete's Signature Student-Athlete's Name (print) Date Sport(s)

Parent/ Guardian's Signature (if under 18 years of age) Parent/ Guardian's Name (Print) Date