

2016-17 Point Park University Athletics Medical Packet

Enclosed you will find many of the necessary forms needed to compete in intercollegiate athletics during the 2016-17 year. Please return all completed forms and a **FRONT AND BACK COPY OF YOUR CURRENT INSURANCE CARD** no later than **July 22, 2016** to:

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

**Fax: 412-392-4780
Email: kgraziani@pointpark.edu**

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**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 Pages – 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 and Procedures on Primary Health Insurance (page 7)
- 7) NAIA Policy on Sickle Cell Trait Form – must be signed and returned (pages 8 and 9)
- 8) Insurance Card Reminder (page 10)

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

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, Medical Assistance 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 2016-17 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 **MUST** enroll in and pay for the University Student Health Plan made available to Point Park students. Please contact the Office of Student Affairs at 412-392-3851 for information on obtaining this plan.

IMPORTANT INFORMATION FOR INTERNATIONAL STUDENT-ATHLETES:

International student-athletes must enroll in 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 secondary accident insurance coverage through Ascension Benefits & Insurance Solutions to **eligible** student-athletes. This insurance provides secondary accident 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 HEALTH 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.

In order to be eligible for the Athletics secondary accident insurance, a student-athlete must be enrolled in the University Student Health Plan or have primary insurance that meets all of the requirements on page 1.

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 (Page 1).

 / I/Student-Athlete have/has read and understands the University Policy and Procedures on
Initial Here Primary Health Insurance (Page 7).

 / I/Student-Athlete have/has read and understand(s) the Secondary Insurance policy and
Initial Here procedures stated in the information above (Page 2).

 / 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:		



Ascension™

Authorization to Disclose Information

Student Name: _____ Date of Birth: _____

School Name: Point Park University ID Number: _____

I authorize Ascension Benefits & Insurance Solutions 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 Ascension at any time. I further agree that a photo copy of this authorization shall be as valid as the original.

Person to whom Ascension may disclose information	Relationship

Please itemize any restrictions upon this release:

Student Signature	Date

Kansas City Office: Ascension Benefits & Insurance Solutions, PO Box 25936, Overland Park, KS 66225
Phone: (913) 327-0200 or Toll Free: (877) 246-6997 Fax: (913) 327-0201

University Policy and Procedures on Primary Health Insurance

- International student-athletes are **required** to purchase the University Student Health Plan.
- You may opt-out of the University Student Health Plan (more information below) if you have Primary Health Insurance that meets the criteria necessary to participate in Intercollegiate Athletics (see page 1).
- Do not decline the University Student Health Plan if you are choosing to purchase the plan.

Important Notes:

- Providing your health insurance information on the forms in this packet is **NOT** the same as waiving (declining) the Student Health Plan. You will receive information on the Student Health Plan, including plan information and costs, as well as how to enroll and waive (decline) the plan. This information will be sent by the Office of Student Affairs via email (Point Park email) and/or letter (permanent home address on file with the University). You must comply with this policy; we will be monitoring your progress.
- Out-of-state student-athletes need to be *certain* their primary insurance covers treatment in Pennsylvania.

**FOR MORE INFORMATION ON THE STUDENT
HEALTH PLAN, PLEASE VISIT:
WWW.POINTPARK.EDU/HEALTH
(CLICK ON STUDENT HEALTH INSURANCE LINK).
IF YOU HAVE ANY QUESTIONS ABOUT THE
STUDENT HEALTH PLAN, PLEASE CONTACT THE
OFFICE OF STUDENT AFFAIRS AT 412-392-3851.**



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**):
 - Show proof of a prior test with results (___)
 - Have a blood test to check for sickle cell trait at your family physician's office (___)
or
 - 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:

- Copy of athlete's newborn sickle cell testing result. _____ Date: _____
Most states require testing at birth, check with your hospital or pediatrician
- 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

Did you
remember to
include a front
AND back copy
of your
insurance
card??