Dear Parents and Student-Athletes,

Welcome to the Point University Sports Medicine Department! We look forward to having you participate in Point University athletics this upcoming school year. This letter is to help guide you through the important paperwork that will need to be completed upon arrival at school.

Point University requires that all student-athletes have a completed physical exam from a physician and that they possess primary health insurance before they are able to participate in any school sponsored athletic event.

The following forms must be completed by the student-athlete (if athlete is under 18, his or her parent or guardian must sign all necessary forms) and sent by fax, mail or hand delivered upon arrival to school. Copies of the concussion policy and substance abuse policy can be found on our sports medicine page on Point University’s athletics website under the athletic info tab.

1. Pre-Participation Physical Evaluation – Health Questionnaire
2. Pre-Participation Physical Exam
3. Student-Athlete Information Form
4. Medical Insurance Form – Copy of Insurance Cards
5. Important Information on Insurance and Injuries (Keep for your records)
6. How to File a Sports Injury Claim (Keep for your records)

If you have any questions, please feel free to contact us via phone or email.

Thank you, and go Skyhawks!

Point University Sports Medicine Department

Contact Information:
Mail: 507 West 10th Street, West Point, GA 31833
   Attn: Sports Medicine Department
Fax: 334-756-6155
   Attn: Sports Medicine Department
Phone: 706-385-1419
Email: Adam.Daum@point.edu
Name:__________________________________________ Date of Exam: __________________________ Date of birth: _________________
Sex: ___________________ Age: ________ Year: FR SO JR SR 5th ______________ Sport: __________________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

______________________________________________________________

Do you have any allergies? □ Yes □ No □ If yes, please identify specific allergy below.
[ ] Medicines [ ] Pollens [ ] Food [ ] Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No

2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other: __________________________

3. Have you ever spent the night in the hospital? Yes No

4. Have you ever had surgery? Yes No

5. Have you ever passed out or nearly passed out DURING or AFTER exercise? Yes No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes No

7. Does your heart ever race or skip beats (irregular beats) during exercise? Yes No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection □ Kawasaki disease Other: __________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) Yes No

10. Do you get lightheaded or feel more short of breath than expected during exercise? Yes No

11. Have you ever had an unexplained seizure? Yes No

12. Do you get more tired or short of breath more quickly than your friends during exercise? Yes No

HEART HEALTH QUESTIONS ABOUT YOU

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? Yes No

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Yes No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? Yes No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Yes No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? Yes No

18. Have you ever had any broken or fractured bones or dislocated joints? Yes No

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? Yes No

20. Have you ever had a stress fracture? Yes No

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) Yes No

22. Do you regularly use a brace, orthotics, or other assistive device? Yes No

23. Do you have a bone, muscle, or joint injury that bothers you? Yes No

24. Do any of your joints become painful, swollen, feel warm, or look red? Yes No

25. Do you have any history of juvenile arthritis or connective tissue disease? Yes No

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No

27. Have you ever used an inhaler or taken asthma medicine? Yes No

28. Is there anyone in your family who has asthma? Yes No

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? Yes No

30. Do you have groin pain or a painful bulge or hernia in the groin area? Yes No

31. Have you had infectious mononucleosis (mono) within the last month? Yes No

32. Do you have any rashes, pressure sores, or other skin problems? Yes No

33. Have you had a herpes or MRSA skin infection? Yes No

34. Have you ever had a head injury or concussion? Yes No

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? Yes No

36. Do you have a history of seizure disorder? Yes No

37. Do you have headaches with exercise? Yes No

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No

39. Have you ever been unable to move your arms or legs after being hit or falling? Yes No

40. Have you ever become ill while exercising in the heat? Yes No

41. Do you get frequent muscle cramps when exercising? Yes No

42. Do you or someone in your family have sickle cell trait or disease? Yes No

43. Have you had any problems with your eyes or vision? Yes No

44. Have you had any eye injuries? Yes No

45. Do you wear glasses or contact lenses? Yes No

46. Do you wear protective eyewear, such as goggles or a face shield? Yes No

47. Do you worry about your weight? Yes No

48. Are you trying to or has anyone recommended that you gain or lose weight? Yes No

49. Are you on a special diet or do you avoid certain types of foods? Yes No

50. Have you ever had an eating disorder? Yes No

51. Do you have any concerns that you would like to discuss with a doctor? Yes No

FEMALES ONLY

52. Have you ever had a menstrual period? Yes No

53. How old were you when you had your first menstrual period? Yes No

54. How many periods have you had in the last 12 months? Yes No

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: __________________________ Signature of parent/guardian: __________________________ Date: ________________

If minor (Under 18)

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## Pre-Participation Physical Exam

Name_________________________ Year 20_____-20______ Height:_______

Weight:__________ Blood Pressure:_____/_____

Vision Screening: Rt. 20/______ Lt. 20/______ Corrected / Uncorrected Resting Pulse:_______

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**The examination performed for this participation certificate is limited and designed to identify conditions or infirmities that would limit or prevent a student from participating in athletic activities. This exam is **NOT** intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations.**

### PHYSICIAN CERTIFICATION

In review of the above information and following the limited examination, I certify the student:

- [ ] Passes without restriction
- [ ] Passes with restriction: ________________________________
- [ ] Fails the examination due to ________________________________

Physician Signature:__________________________________________ Date:______
Student-Athlete Information Form

Student-Athlete Information:
Date: ___________________
Name: ________________________________ Sport: ________________________________
DOB: ______________ SSN: ___________________ NAIA Status: FR SO JR SR 5th Year
School Address: ______________________________________________________________
City: _____________________________ State: ________ ZIP Code: ______________________
Home Phone: _________________ Cell Phone: ___________________________________
________________________________________ Email: ______________________________

Parent/Guardian Information:
Primary Contact:
Name: ________________________________
Street Address: ______________________________________________________________
City: _____________________________ State: ________ ZIP Code: ______________________
Home Phone: __________________________
Work Phone: __________________________
Cell Phone: __________________________
Email Address: __________________________ Relation: __________________________

Secondary Contact:
Name: ________________________________
Street Address: ______________________________________________________________
City: _____________________________ State: ________ ZIP Code: ______________________
Home Phone: __________________________
Work Phone: __________________________
Cell Phone: __________________________
Email Address: __________________________ Relation: __________________________
Medical Insurance Information

Please refer to your insurance card for this information. In the event of any change or lapse in primary insurance coverage, it is the student-athlete’s responsibility to notify the sports medicine staff immediately. Failure to do so will result in a suspension of play from your sport.

Insurance Information:

Student-Athlete’s Name: ________________________________ Date of Birth: __________________________
Sport: ___________________________ Insurance Plan Type (circle one):   HMO  PPO   Other: _________________
Insurance Company: ________________________________ Customer Service Phone: __________________________
Claims Address: ___________________________________ City: ___________________________ State: ______
Policy Holder: ________________________________ Relation to Athlete: ______________________________
Policy Holder’s DOB: ___________________________ Policy Holder’s SSN: ___________________________
Policy/ID#: ________________________________ Effective Date: ___________________________
Employer: __________________________________________
Employer’s Address: __________________________________ City: ___________________________ State: _______

Please affix a copy of the FRONT and BACK of your insurance card below:

Front Back
***KEEP THIS FOR YOUR RECORDS***

TO: PARENTS/GUARDIANS OF POINT UNIVERSITY INTERCOLLEGIATE STUDENT-ATHLETES:

We are delighted to have your student as a student-athlete at Point University.

Each student-athlete is required to pass a physical examination prior to any participation in any intercollegiate sport. The final decision on physical qualifications or reason for rejection is the responsibility of the team physician or athletic trainer. The team physician or athletic trainer also makes the decision on when an athlete may return to competition after a previous injury.

INJURIES – MEDICAL BILLS – INSURANCE COVERAGE – CLAIMS PROCEDURE

Injuries do occur, and we attempt to provide our student-athletes with the very best possible care. Medical bills are incurred when the student-athlete is treated, whether it is locally, during a road trip, or by a medical vendor in his or her own home area.

ONE FIRM STATEMENT:

The NCAA/NAIA does not permit us, or any college or university, to provide coverage or pay the bills incurred for expenses related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate sports program.

INSURANCE COMPANIES:

The athletic accident insurance at Point University provides coverage for your student for accidents while participating in the play or official practice of intercollegiate sports. Point University utilizes the Student Accident Shield (SAS) insurance along with an additional excess policy. This accident insurance is an excess policy, requiring any student-athlete to follow any procedures required by his or her primary insurance and SAS before payment is rendered such as payment of copays.

CLAIM PROCEDURE:

All medical bills for your student incurred as the result of an injury in the intercollegiate athletics program will be sent directly to your student, unless the university has instructed the medical vendors otherwise. In some cases, the athletic department may get a copy of the bill, but in no case will the athletic department be the primary place for the bill incurred to be sent.

A. Submit the bills incurred as a results of the athletic accident to your primary insurance plan first. They will do one of two things:
   1. Honor the claim and pay all or a portion of the bills incurred.
   2. Not honor the claim and send you a letter of denial. *(An example could be that your student is no longer part of your group policy due to age.)*

B. If a balance remains after your primary insurance plan has contributed toward the claim, send the explanation of benefits (EOB) sheet from the insurance company and a copy of the itemized bills incurred to Point University, care of the athletic insurance coordinator. *If you or your student receive any bills from the injury that is directly resulted from play in the intercollegiate athletic event, the bill must be submitted within 10 days of receipt.*

If you receive a letter of denial from your primary insurance plan administrator, send the letter of denial and a copy of the bills incurred to the Point University athletic insurance coordinator.
C. If the bills incurred are not paid, the claim will be sent from the athletic department to our insurance carrier office for processing. This SAS and excess insurance policy is not guaranteed to pay the entire remaining balance. If the insurance carrier needs any additional information please cooperate with them, and they will process the claim in the least possible amount of time. It is in your best interest to have the claim settled promptly, since all the bills incurred will be listed under the student-athlete or parent’s/guardian’s name(s).

If you have any questions or concerns regarding insurance coverage and athletic accidents, please contact the accounting clerk or the head athletic trainer.

Adam Daum, MAT, ATC, LAT
Head Athletic Trainer
Phone: 706-385-1419
Fax: 334-756-6155
Adam.Daum@point.edu

Mailing Address:
Point University
c/o Adam Daum: Sports Medicine Department
507 West 10th Street
West Point, GA 31833
Student Accident Shield

Accident Insurance that helps protect a college and university’s most valuable resource . . . its students!

How to File a Sports Injury Claim

☐ Complete a claim form with Adam Daum at Adam.Daum@point.edu (athletic event injuries) for signature.

☐ Make sure all bills are addressed to come to you, the student (not to your parents’/guardians’ address).

☐ Prior to going to the physician, make sure you have the “Dear Provider” letter. This should be given to all physicians and medical facilities involved in your care.

☐ Once the completed claim form is signed by Adam Daum, attach your itemized bills and Explanation of Benefit (EOB) statements from your primary insurance company to the completed claim form and mail to the address shown on the claim form. Make copies of the completed claim form, bills and EOBs for your records prior to mailing.

☐ If possible, try to avoid payment for medical services until your bills have been adjudicated by your claims administrator.

☐ If you have questions, please contact Adam Daum or your claims administrator at the phone number listed on the claim form.

*ALL OF THIS INFORMATION WILL BE AVAILABLE ON THE MY.POINT.EDU INTRANET SITE AS OF JULY 1, 2015.*