

BIOGRAPHICAL DATA QUESTIONNAIRE
2009-2010

Please answer the following questions as carefully and completely as possible. This information is needed in case of an emergency and we need to contact someone for you, and for general statistical purposes. PLEASE PRINT NEATLY! Thank you.

NAME _____ BIRTHDATE _____ AGE _____

STUDENT IDENTIFICATION NUMBER _____

SPORT(S) Name of team, i.e. volleyball, etc.

FALL _____ WINTER _____ SPRING _____

STUDENT'S LOCAL ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ BOX NUMBER _____

CELLULAR NUMBER () _____ OR ON-CAMPUS EXT. _____

STUDENT'S PERMANENT ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE () _____

EMERGENCY CONTACTS – PARENTS, GUARDIANS OR SPOUSE NAME(S)

NAME _____ PHONE NUMBER () _____

RELATIONSHIP TO YOU _____ BUSINESS PHONE () _____

NAME _____ PHONE NUMBER () _____

RELATIONSHIP TO YOU _____ BUSINESS PHONE () _____

If you are from out of the area, sometimes a local relative or family friend should be contacted as someone who can join you immediately in case of emergency. If this is the case, please give us the following information:

NAME _____ PHONE NUMBER () _____

RELATIONSHIP TO YOU _____ BUSINESS PHONE () _____



Dear Student Athlete and/or Parent of a Lynchburg College Intercollegiate Student Athlete:

We are extremely pleased to have your son/daughter as a student-athlete at Lynchburg College and hope that he/she will achieve academic, social, and athletic success.

Each student athlete is required to have 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 the Director of Athletic Training Services. The Team Physician or Director of Athletic Training Services also makes the decision on when an athlete may return to competition after a previous injury.

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

One Firm Statements: 1) Each Lynchburg College Intercollegiate Student Athlete is required to have primary health insurance that covers Intercollegiate (IC) injuries in order to participate in intercollegiate athletics. Student Athletes must have valid health insurance throughout the traditional and non-traditional intercollegiate practice and competition seasons.

Excessive (Secondary) Intercollegiate Athletic Insurance Coverage: Lynchburg College provides excessive intercollegiate athletic insurance described as the following:

- HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) – For the parents to have payable coverage on their son or daughter, when a member of these organizations, they must use the authorized medical vendors from the list provided to them. Your coverage through Lynchburg College Intercollegiate athletics is EXCESS coverage and does contain an exclusion for those bills incurred that were “payable” by the family health insurance plan. If parents or students choose not to use the authorized medical vendors of their plan, they should be aware that Lynchburg College Intercollegiate athletic insurance coverage will **not** be able to pay the bills incurred that would have been honored had they used the proper vendors or procedures.

Claim Procedure: All medical bills for your son/daughter incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter or to your home address, unless the college 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 to your family, employer group coverage or 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 might be that your son/daughter is no longer part of your group policy after attaining the age of twenty-three.
- B. If there remains a balance after your family, employer group insurance or plan has contributed towards the claim, send the claim sheet from the insurance company and a copy of the itemized bills incurred to James May, Director of Training Services at Lynchburg College.

If you received a letter of denial from your family, employer group insurance or plan administrator, then send the letter of denial and a copy of the bills incurred to the college's athletic department. If no coverage, a letter from your employer with verification will be necessary.

- C. If the bills incurred and not paid by the family, employer group insurance or plan are large enough, the claim will be sent from the athletic department to our insurance carrier office which is in Kalamazoo, Michigan for processing. If they need 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 are in your name.

Sincerely,

Dr. Jack M. Toms
Director of Athletics

James May, MS, ATC
Director of Athletic Training Services



LYNCHBURG COLLEGE ATHLETIC TRAINING – 2009-2010
Parent/Student Athlete Insurance Information Form

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS. NOTE: Complete all blanks with information or N/A if not applicable.

I. Name of Athlete: _____ Sport(s): _____
 Social Security Number: _____ - _____ - _____ Date of Birth: _____
 College Address: _____ Cellular Phone:() _____
 Home Address: _____ Home Phone: () _____
 City: _____ State: _____ Zip: _____

II. Father/Guardian: _____ Mother/Guardian: _____
 Social Security Number: _____ - _____ - _____ Social Security Number: _____ - _____ - _____
 Address: _____ Address: _____

III. Employer: _____ Employer: _____
 Address: _____ Address: _____
 Telephone:() _____ Telephone:() _____

IV. Medical Insurance

Company of Plan: _____ Company of Plan: _____
 Address: _____ Address: _____
 Policy Number: _____ Policy Number: _____
 Group Number: _____ Group Number: _____
 Telephone:() _____ Telephone:() _____

Is the company or plan listed above considered a HMO ____ or PPO ____?
 Does your insurance or plan require a second opinion before surgery? Yes ____ No ____.

Please “Check” or “Mark” each of the following boxes to signify your acknowledgement of the corresponding statement

- I hereby authorize Lynchburg College and Student Athletic Protection, Inc. of Kalamazoo, Michigan to inspect or secure copies 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 have and will maintain in good standing, Primary Health Insurance which covers Intercollegiate (IC) Injuries throughout the 2009-2010 Academic and/or Athletic calendars.
- We authorize that the college 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.
- I have read and understand Lynchburg College Athletic Intercollegiate Insurance policy which only provides excessive secondary intercollegiate insurance.

***Please include a copy of your insurance card.**

 Parent’s Signature

 Date

 Student-Athlete’s Signature

 Date

MEDICAL HISTORY QUESTIONNAIRE – NEW ATHLETES – 2009-2010
THIS INFORMATION WILL BE KEPT CONFIDENTIAL

NAME _____
(Please print)

INSTRUCTIONS: When a reply is yes, please give specifics of injury or treatment, including date, specific injury site, and any other information that you consider important. Please circle a “Yes” or “No” for each question.

- | | | | |
|-----|---|-----|----|
| 1. | Have you had a medical illness or injury since your last check up or sports physical? | Yes | No |
| | Do you have an ongoing or chronic illness? | Yes | No |
| 2. | Have you ever been hospitalized overnight? | Yes | No |
| | Have you ever had surgery? | Yes | No |
| 3. | Are you currently taking any prescription or nonprescription (over-the-counter) medication or pills? | Yes | No |
| 4. | Have you been diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD)? | Yes | No |
| | If you answered “Yes” and you are taking prescription medication for ADHD you <u>MUST</u> also complete the ADHD Medical Exemption Form located on the Pre Participation Paperwork Webpage | | |
| | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | Yes | No |
| 5. | Have you ever had a rash or hives develop during or after exercise? | Yes | No |
| 6. | Have you ever passed out during or after exercise? | Yes | No |
| | Have you ever been dizzy during or after exercise? | Yes | No |
| | Have you ever had chest pain during or after exercise? | Yes | No |
| | Do you get tired more quickly than your friends do during exercise? | Yes | No |
| | Have you ever had racing of your heart or skipped heartbeats? | Yes | No |
| | Have you had high blood pressure or high cholesterol? | Yes | No |
| | Have you ever been told you have a heart murmur? | Yes | No |
| | Has any family member or relative died of heart problems or of sudden death before age 50? | Yes | No |
| | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | Yes | No |
| | Has a physician ever denied or restricted your participation in sports for any heart problems? | Yes | No |
| | Do you have diabetes? If yes, list any medication you currently take. | Yes | No |
| | Do you have sickle cell anemia? If yes, list any medication you currently take. | Yes | No |
| 7. | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | Yes | No |
| 8. | Have you ever had a head injury or concussion? If yes, what year? | Yes | No |
| | Have you ever been knocked out, become unconscious, or lost your memory? | Yes | No |
| | Have you ever had a seizure? | Yes | No |
| | Do you have frequent or severe headaches? | Yes | No |
| | Have you ever had numbness or tingling in your arms, hands, legs, or feet? | Yes | No |
| | Have you ever had a stinger, burner, or pinched nerve? | Yes | No |
| 9. | Have you ever become ill from exercising in the heat? | Yes | No |
| 10. | Do you cough, wheeze, or have trouble breathing during or after activity? | Yes | No |
| | Do you have asthma? If yes, list any medication you currently take. | Yes | No |
| | Do you have seasonal allergies that require medical treatment? | Yes | No |
| 11. | Do you use any special protective or corrective equipment or devices that aren’t usually used for your sport or position (for example, knee brace, special head protection, foot orthotics, retainer on you teeth, or hearing aid)? | Yes | No |
| 12. | Have you had any problems with your eyes or vision? | Yes | No |
| | Do you wear glasses, contacts, or protective eyewear? | Yes | No |
| 13. | Have you ever had a significant muscle strain? | Yes | No |
| | Have you ever had a significant ligament sprain? | Yes | No |
| | Have you broken or fractured any bones or dislocated any joints? | Yes | No |

Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, please circle and explain below. Yes No

- | | | |
|-----------|---------|-----------|
| Head | Elbow | Hip |
| Neck | Forearm | Thigh |
| Back | Wrist | Knee |
| Chest | Hand | Shin/Calf |
| Shoulder | Finger | Ankle |
| Upper Arm | | Foot |

14. Do you lose weight regularly to meet weight requirements for your sport? Yes No
 Have you ever been treated for an eating disorder? Yes No
15. Do you feel stressed out? Yes No
16. Are you allergic to any medications or drugs? Examples: penicillin, aspirin, etc. Yes No
 Please list: _____
- Are you allergic to bee stings or insect bites? Yes No
 Please list: _____
- Are you allergic to any foods? Yes No
 Please list: _____
17. Have you ever been told you have a hernia? If so, please explain if it was repaired? Yes No
18. Has a doctor ever told you that you have one of the following or any other congenital back conditions: scoliosis, lordosis, kyphosis? Please circle condition. Yes No

Females Only

19. When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Please use the following lines to explain any "Yes" answers given. List the question number first, followed by the explanation.

After considering and answering the above questions, are there any other conditions or problems (both current and past) that may affect your participation in athletics? If yes, please describe as completely as possible:

All of the above questions have been answered completely and truthfully to the best of my knowledge. I understand that a failure on my part to provide all information requested or to acknowledge previous injuries or physical conditions relevant to my sports participation, whether intentional or inadvertent, may place my athletic participation and/or my sports-medical insurance in jeopardy.

Signature _____ Date _____

Parent Signature _____ Date _____ (If under 18)

Please provide names and phone numbers for the following:

Your private physician: _____

Your orthopedic surgeon: _____

Medical Authorization - Lynchburg College – 2009-2010

Name _____
Student Athletes Name (Please Print)

DATE _____

I hereby authorize Lynchburg College Athletic Training Staff and Emergency Medical Personnel to render medical or surgical care that they deem necessary to my health and well being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made to notify my parents or the designated emergency contact in the most expeditious manner possible. If the physician is unable to communicate with me, the treatment deemed necessary for my best interest may be given.

I also hereby authorize the Athletic Trainers at Lynchburg College to render any preventative, first-aid, rehabilitative, or emergency treatment that they deem reasonably necessary to my health and well being.

SIGNATURE _____
(Student-Athlete)

DATE _____

SIGNATURE _____
(Parent/Guardian, if under age 18)

DATE _____

Release of Information

I understand that the Lynchburg College Athletic Training Staff and Team Physicians may share amongst themselves for the purpose of treatment, information concerning the illness/injury relative to my past, present, or future participation in athletics at Lynchburg College. Also the above may provide medical information to insurance companies pertaining to the student-athlete as needed.

SIGNATURE _____
(Student-Athlete)

DATE _____

SIGNATURE _____
(Parent/Guardian, if under age 18)

DATE _____

Shared Responsibility for Sport Safety

Participation in sports requires an acceptance of risk for injury. Your decision to participate in athletics indicates your acceptance of this risk. In order to minimize this risk as a participant, you must be aware of and abide by certain procedures, safety rules, and guidelines. Any improper use or abuse of your equipment could result in injury to you, a teammate, or an opponent. Improper or illegal use of your equipment or technique may result in serious head and neck injuries, paralysis, internal injury, and death. Other injuries in athletics include, but not limited to strains, sprains, fractures, and contusions. Athletes rightfully assume that those responsibilities for the conduct of sports will not intentionally inflict injury upon them, but acknowledge that unintentional injuries, including serious head and neck injuries, paralysis, internal injury, death, sprains, strains, fractures, and contusions, can happen while participating in or training for athletic events. Periodic analyses of injury patterns lead to refinement in the rules and safety decisions, but safety cannot be legislated solely through rules and equipment standards. The responsibility for sport safety must be shared by all involved, and compliance with rules means respect on everyone's part for the intent, spirit, and purpose of the rules or guidelines. The undersigned has read and understands the statements above.

SIGNATURE _____
(Student-Athlete)

DATE _____

SIGNATURE _____
(Parent/Guardian, if under age 18)

DATE _____