PEARL RIVER
WILDCATS
ATHLETIC TRAINING

NEW ATHLETE PHYSICAL PACKET

Dear Parents and Student Athletes,

Enclosed you will find a packet of information that includes a medical history, waivers and insurance information forms which need to be filled out in their entirety. **Please send a copy (front and back) of your current medical insurance, dental insurance and prescription insurance cards. All student athletes are encouraged to have health insurance that covers intercollegiate athletics during their respective competitive season to participate in athletics at Pearl River Community College.**

Please take time to complete these forms, and send them to the address listed below. **The deadline for receipt of this packet is by your ROAR Session or when you come in for Physicals**. Once again, **we <u>will not</u> allow anyone to participate until all documentation is completed.**

Thank you for your prompt attention to this matter, and we look forward to seeing you this fall.

Sincerely,

Brandy Maulden, ATC
Pearl River Community College Athletics
Hwy 11 North, PO Box 5440
Poplarville, MS 39470
601-403-1372

Cody Shaw, ATC
Pear River Community College Athletics
Hwy 11 North, PO Box 5440
Poplarville MS 39470
(601)-403-1372

Pearl River Community College
ATHLETIC DEPARTMENT
Carla Crider, Athletic Secretary/Athletic Insurance

RE: Student/Athlete Injury Claims

Dear Parents:

When a student/athlete has been injured while participating in an intercollegiate sport here at Pearl River Community College, the following policy is used:

- Pearl River Community College is considered EXCESS or SECONDARY of all other insurance coverage and claims must first be submitted to any other insurance. When the student/ athlete's primary insurance has responded, all HCFA's, UB-92's, or other medical bills and copies of primary insurance must be mailed to our College Insurance.

I work with our Athletic Training Staff for submitting the "ICS Claim Form" to the provider of our Sports Accident Plan. These are the forms required for an injury:

- Relation Insurance Services "ICS Claim Form"
- Relation Insurance Services "HIPPA Authorization for Use and Disclosure of Information"
- PRCC Athletic Training "Injury Evaluation & Treatment Form"

You may contact our office if you have any further questions:

- PRCC Athletic Trainer, Brandy Maulden (601) 403-1372 bmaulden@prcc.edu
- PRCC Athletic Trainer, Cody Shaw (601) 403-1372 cshaw@prcc.edu
- PRCC Filing of Claims, Carla Crider (601) 403-1179 ccrider@prcc.edu
- Relation Ins. Services, JaNae Pyle (801) 412-2628
  Claim & Benefit Questions

Sincerely,

Carla Crider,
Athletic Secretary
Athletic Injury Insurance Claims

PEARL RIVER WILDCATS

Wildcat Athletics
101 Hwy 11 North
PO Box 5440
Poplarville, MS 39470

Phone (601) 403-1179
Fax (601) 403-1176
Email ccrider@prcc.edu
Web site www.prccathletics.com

PRE-PARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: this form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart)

Date of Exam _____

Full Name _____ **Preferred Name** _____ **Date of Birth** _____

Sex _____ **Age** _____ **Year/Class** _____ **School** **Pearl River Community College** **Sport(s)** _____

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

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below and state reaction.

☐ Medicines _____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects _____

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

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
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?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**YES**	**NO**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	YES	NO
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	**YES**	**NO**
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "YES" answers here. Write number and explain.

_____

_____

_____

_____

_____

_____

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 (***If athlete is under 18***) _____

Date _____

PEARL RIVER WILDCATS

ATHLETIC TRAINING

MEDICAL HISTORY RELEASE

To all colleges, universities, clinics, hospitals, athletic trainers, physicians and all other health care agencies.

You are hereby authorized and requested to send copies of all current and past medical records pertaining to my medical condition, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to the Athletic Training Department at Pearl River Community College.

By my signature below I release you from all liability which could relate to the release of such medical records and information.

Athlete Signature_____ Date_____

Print Athlete's Name_____

Parent Signature if athlete is under 18 years of age: _____

CONSENT TO RELEASE INFORMATION

I hereby give authorization to the PRCC Athletic Training staff and/or the team physicians to release complete copies of my medical records, including but not limited to, all physical and athletic training records, diagnosis, treatment, history and prognosis of any and all injuries and ailments to all athletic training staff, athletic training students, treating physicians, medical personnel, athletic administrative personnel, any professional sports scouts, team physicians, and other medical or administrative personnel

Athlete Signature_____ Date_____

Print Athlete's Name_____

PEARL RIVER
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ATHLETIC TRAINING

Assumption of Risk for Athletic Participation

I, _____, do willfully and voluntarily request to be part of the Athletic Program at Pearl River Community College. My participation in athletics at PRCC is voluntary and recognized as a privilege. I understand that participation will expose me to certain risks that are inherent to collision/contact sports or athletics in general. These risks may include but are not limited to muscle injury, skeletal injury, injury to the nervous system, heat illness, brain trauma, spinal cord injury, or injury to vital organs. I am aware of these risks. I understand that some injuries may require surgical intervention. Furthermore, I am also aware that there are documented cases of death related to participation in collegiate athletics. However rare these cases are, they do illustrate the severe nature of the potential risks.

I understand injury may result from either direct blow to the body, collision with an opponent or playing surface or facility, or from undetected congenital abnormalities or conditions that I may have. I consent to undergo a health screening prior to participation in the Intercollegiate Athletic Program at PRCC. I realize this is to rule out pre-existing disqualifying conditions, but also that the screening is limited in its ability to detect all possible conditions. I agree to provide a thorough and accurate family and personal medical history for review but also understand that not all situations or scenarios can be definitively researched or subsequently ruled out.

I hereby release Pearl River Community College, its Administrators, Coaching Staff, Athletic Training Staff or other agents of the college and health professionals from liability that may result from my participation in intercollegiate athletics at Pearl River Community College. Although PRCC will pursue reasonable safety measures to minimize exposure to injury and provide a safe environment for conducting practices and competitions, I recognize the potential for injury is still present.

I assume these risks and do hereby affix my signature as acknowledgement of understanding and awareness of exposure to injury during practices, competitions or conditioning sessions.

_____ _____

Print name Signature of athlete

Date _____

_____ _____

Name of parent or guardian Signature of parent or guardian if under 18

PEARL RIVER
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ATHLETIC TRAINING

PHYSICAL INFORMATION FORM

NAME: _____ PRCC ID: _____

BIRTHDAY: _____ SPORT(S):_____

Year/Date					
HEIGHT					
WEIGHT					
VISION					
BP					
PULSE					

PHYSICAL FINDINGS	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
HEENT					
DENTAL					
CV					
LUNGS					
ABDOMEN					
SKIN					
NEUROLOGIC					
Able to compete	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
MD Signature					

ORTHOPEDIC	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Neck					
Shoulders					
Elbows					
Wrist/Hand					
Back					
Hips					
Knees					
Ankles					
Feet					
Able to Compete	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
MD Signature					

Comments:	Date:	Comments:	Date:	Comments:	Date:

PEARL RIVER WILDCATS

ATHLETIC TRAINING

SICKLE CELL POLICY FOR PROSPECTIVE STUDENT-ATHLETE

About Sickle Cell Trait

Sickle cell trait (SCT) is a rare condition that affects the type of hemoglobin found within the red blood cell. Hemoglobin is responsible for carrying oxygen within the red blood cell. During normal daily activities, those affected by SCT generally show no symptoms and may have no adverse health issues related to the abnormal hemoglobin. However, during intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to sickle shaped. Sickled red blood cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.

Some athletes with SCT have experienced significant physical distress, collapsed, and some have even died. Heat, dehydration, altitude, asthma, or acute illness can increase the risk for or worsen muscle cramps, dizziness, nausea, and extreme shortness of breath. If not recognized and treated relatively early, it may progress to multi-organ damage and possible sudden death. Although rare, sudden death among athletes has occurred and been linked to carrying the trait. For a variety of reasons, the condition seems to affect individuals aged 18-24 years old at greater degrees than younger individuals.

Although, SCT is most prominent in African-Americans, and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, a person of any race or ancestry may test positive for sickle cell trait.

Policy

The NCAA recommends that all Division I, II, and III student-athletes be tested for SCT, show proof by submitting results from a prior test, or sign a waiver to opt out if they decline to be tested.

In accordance with this recommendation, Pearl River Community College has implemented the following policy for Prospective and Current Student-Athletes who wish to participate for a Pearl River Community College athletic team:

1. Pearl River Community College Athletic Department requires that all athletes provide proof of their SCT status or sign a waiver opting out of providing test results. ***Note:** All infants born after 1984 were tested for SCT at birth. Official documentation of the prospective student-athletes SCT status may be available from the individual's family pediatrician.
2. If the athlete wishes to opt out of SCT testing, they will need to sign the attached waiver stating that they assume the potential risk of participating without knowing their SCT status.

PEARL RIVER WILDCATS

ATHLETIC TRAINING

SICKLE CELL WAIVER FORM

I, _____, have read and understand Pearl River Community College's policy on sickle cell testing for participation. Should I be tested and found to have Sickle Cell Trait, I will adhere to the policy regarding participation. Furthermore, I understand that if I choose to be tested I will not be allowed to participate until the results of the test are returned and reviewed by a member of the Athletic Training staff. If I decline the test, I understand that I will be participating at my own risk. At this time:

____ I HAVE been tested for Sickle Cell Anemia and will provide a copy of my test results.

- ☐ POSITIVE
- ☐ NEGATIVE

Physician signature: _____ Date: _____

____ I WOULD like to be tested for Sickle Cell Anemia, at my own expense, and will provide a copy of my test results.

- ☐ POSITIVE
- ☐ NEGATIVE

Physician signature: _____ Date: _____

____ I DECLINE to be tested for Sickle Cell Anemia.

Student-Athlete Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if student-athlete is a minor)

PEARL RIVER WILDCATS

ATHLETIC TRAINING

STANDARD OPERATIONS FORM

Injury Reporting Procedures:

1. Student-athletes must report all athletic-related injuries within 24 hours to the Athletic Training Staff. Injuries occurring at any off-campus location, during practice or athletic contests, must be reported prior to any further athletic participation or within 24 hours. This is necessary in reducing the risk of further injury. The Athletic Training Staff will make all necessary referrals to ensure prompt treatment of the incurred injury.

2. Illness such as common colds, sore throats, respiratory infections, gastrointestinal disorders, etc. should be reported to the Athletic Training Staff prior to athletic participation or within 24 hours of visiting a health care practitioner (i.e. physician, ER, Urgent Care, etc.) or the nurse's office located in Crosby Hall. Pearl River Community College is not responsible for medicines and common colds.

3. In the event of an emergency due to an athletic injury, the student-athlete should seek immediate medical attention and contact the Athletic Training Staff within 24 hours with proper medical documentation necessary for participation. The student-athlete must provide proof of medical insurance to the Emergency Room or hospital staff. Pearl River Community College should not be listed as the primary insurer if you have personal health insurance. **Any changes in personal health insurance coverage at any point in time need to be reported immediately to the Athletic Training Staff and Athletics Department.**

I hereby certify that I have read and fully understand all of the above rules and regulations set forth by the Pearl River Community College Sports Medicine Standard Operating Procedures and will adhere to them in accordance with the college policy.

Student-Athlete Signature _____ Date _____

Medical Clearance:

1. All student-athletes receiving medical attention from a licensed physician (i.e. Emergency Room physician, Family physician, Specialist(s), etc.), regardless of injury or illness, must provide the Athletic Training Staff with a **medical clearance** from the physician indicating the specific injury/illness and the student-athlete's eligibility for athletic participation. Medical clearance documentation from the appropriate health care entity must be obtained prior to the student-athlete's return to athletic participation.

Student-Athlete Signature _____ Date _____

PEARL RIVER WILDCATS

ATHLETIC TRAINING

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I, _____, (circle one) as myself, parent, guardian/legal representative,
Print Name

attest that, _____ ☐ has insurance coverage under a current
Student-Athlete Name ☐ does not have insurance coverage under a current

insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Pearl River Community College of this development and update insurance information I have on file with Pearl River Community College.

I understand and agree that Pearl River Community College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while not participating in intercollegiate athletics at Pearl River Community College, medications, or general medical illness.

_____ _____
(signature) (date)

YOU MUST INCLUDE A COPY (FRONT & BACK) OF YOUR CURRENT INSURANCE CARD WITH THIS FORM

PEARL RIVER WILDCATS

ATHLETIC TRAINING

Athlete Emergency Contact Form

Student Name:_____ Date of Birth:_____
Address:_____City_____State_____ Zip:_____
Phone Number: _____

Name of Insurance Company: _____ Policy#/ID: _____

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact:_____ Relation:_____
Address:_____ City:_____ State_____ Zip:_____
Primary Phone:_____ Alternate Phone:_____

Name of Alternative Contact:_____ Relation:_____
Address:_____City:_____State_____Zip:_____
Primary Phone:_____ Alternate Phone:_____

CONDITIONS/ISSUES: Please list any medical issues the student may have; i.e. asthma, allergies.....

Medical Condition:
_____
_____

Allergies:
_____
_____

Daily Medication:
_____
_____