

LINDENWOOD

Dear Lindenwood University - Belleville Student-Athlete:

The LU - Belleville Athletic Training staff would like to welcome you to our athletic program; we are glad you have chosen to be a part of Lindenwood University - Belleville. In preparation for the upcoming season, we need your assistance to help start your sports medicine file. Enclosed you will find the following:

1. LU – BELLEVILLE PHYSICAL AND MEDICAL HISTORY FORMS: Please read the instructions on all parts of this form. This form will take some time to fill out – please do so as completely and accurately as possible. It is also very important that you familiarize yourself with the information on this form. While you may need parents' help to complete portions of the form, such as the family medical history, please be sure you know the information that is on the form. Many of the questions ask for detailed explanations. The more information we have the better. Please do not forget to sign the last page of the medical history and your PARENT(S)/LEGAL GUARDIAN(S) MUST also sign the last page, unless you are married or over 18 years of age.

2. SICKLE CELL AWARENESS FORM: Every athlete is required to provide us with verification of sickle cell status or decline the sickle cell trait testing and sign the waiver. A helpful document for you to view is the LU-B Sickle Cell Information and Requirements document. These can be found under forms once signed into <https://blueocean.orchr.com> *Returning Student-Athletes do not need to repeat this step!!

3. VIVATURE INTRODUCTION TO ATHLETES LETTER: This is also used while traveling with your sport and in the event of an emergency medical referral or a scheduled doctor's appointment related to an athletic injury. This is very important and requires all portions of the form to be completed.

4. LINDENWOOD UNIVERSITY-BELLEVILLE ATHLETIC INSURANCE POLICY AND ACKNOWLEDGEMENT OF INSURANCE: Proof of Primary insurance is required prior to participation. The primary policy holder must sign this document.

5. INSURANCE AND EMERGENCY CONTACT INFORMATION: This is the form that is used while traveling with your sport and in the event of an emergency medical referral or a scheduled doctor's appointment related to an athletic injury. This form is very important and requires all portions of the form to be completed. This information is found under "my info" once signed into <https://blueocean.orchr.com>

6. STUDENT - ATHLETE CONCUSSION FACT SHEET AND STUDENT- ATHELETE CONCUSSION STATEMENT: These can be found under forms once signed into <https://blueocean.orchr.com>

7. THIRD PARTY RELEASE: Please sign for consent allowed OR declined for each section. This is found within Vivature at <https://blueocean.orchr.com>

LINDENWOOD

We cannot emphasize enough our need for these forms to be as complete as possible in a timely fashion (within 2 weeks of receipt). The completion of these forms will allow the process of physicals to be smoother and prevent any medical delays. You should complete all required information prior to arriving on campus. This does not pertain to the physical if you will receive one after arriving to campus. We will need a copy of the front and back of your current insurance card. You can mail it to the LU-Belleville Athletic Training Department, email to sslone@lindenwood.edu or bring it in when you report. Failure to fully complete the forms or submitting a current health insurance card will result in a delay in your ability to practice, compete, or participate in your sport.

If you have any questions regarding the information requested please do not hesitate to contact the athletic training staff at:

sslone@lindenwood.edu, swilkerson@lindenwood.edu, wnetzhammer@lindenwood.edu, shayden@lindenwood.edu, lrاندazzo@lindenwood.edu, twoodstock@lindenwood.edu, or tvaldez@lindenwood.edu

If you have suffered a recent significant injury, or have a history of a medical problem/injury which will need to be looked at by our staff or team physician (ex. ACL reconstruction, recurrent shoulder dislocations, multiple concussions) please let us know immediately. This provides us time to request medical records, talk with your physician(s), etc. before you arrive for your pre-participation physical. Thank you for your cooperation and we look forward to meeting you!

Sincerely,

Stephen Slone, MS, ATC Head Athletic Trainer

Select One

Returning students

- ☐ I have been provided and *KNOW* my Athletic Training Student Portal ID and Password.
- ☐ I *DO NOT KNOW/REMEMBER* my Athletic Training Student Portal ID and Password.

Incoming students

- ☐ I am a new student and do not have an Athletic Training Student Portal account and/or I have been told to self-register.
- ☐ I am a new student but my Athletic Training staff has provided Athletic Training Student Portal credentials to me.

Please contact your Athletic Trainer with any questions or for assistance throughout this process.

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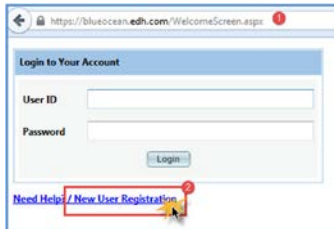
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I- Activate/Retrieve Credentials

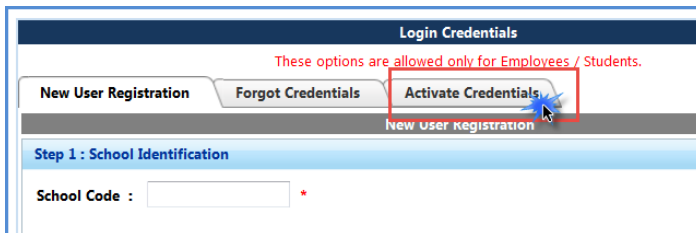
Please contact your Athletic Trainer with any questions or for assistance throughout this process.

 Check out the [Credentials Video](#) for additional guidance.

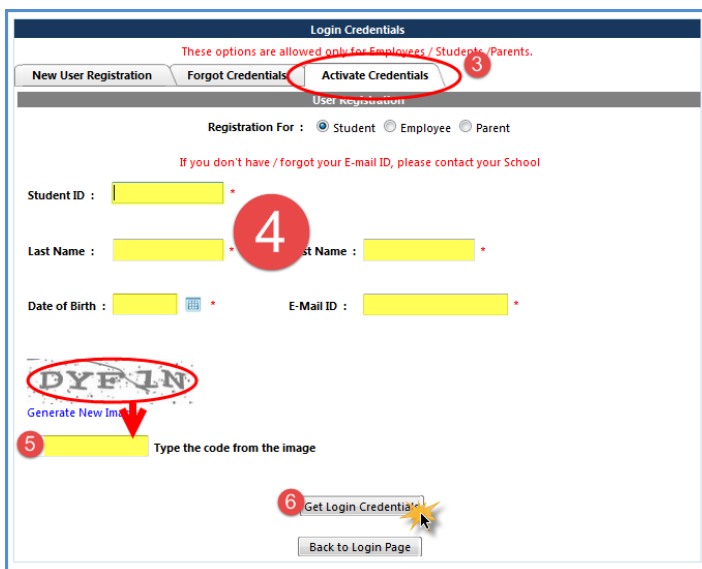
1. Go to <https://blueocean.edh.com/welcomeScreen.aspx>.
2. Click **New User Registration**



3. Click **Activate Credentials**



4. Complete all required (*) fields
 - a. Student ID
 - b. Last Name
 - c. First name
 - d. Date of Birth
 - e. E-mail Address (this must be the same address currently associated with your account – Likely your school email address)
5. Type the code from the image
6. Click **Get Login Credentials**



7. **IF**

- a. you are prompted that “*your information does not match our records,*”
 - i. Click OK. All information entered must match information in your account. Try again with alternate information (ex: email)

Do NOT register a new account if you are a returner!

- ii. *Incoming students only*, you might not have an account at all, navigate to the **New User Registration** tab and proceed to [Register](#) in this document.

The screenshot shows a web interface for the NExTT portal. On the left, a message box states: "The Information you have provided do not match our records." with an "OK" button. On the right, the "New User Registration" tab is selected, showing "Step 1: School Identification" with a "School Code" input field. A red box highlights the "New User Registration" tab. A red asterisk is visible next to the "School Code" field.

- b. you are prompted that you are already registered, that means you have already supplied answers to security questions. Proceed to [Forgot Credentials](#).

The screenshot shows a web interface for the NExTT portal. On the left, a message box states: "You are already registered. If you have forgotten your user id / password, please check Forgot Credentials option." with an "OK" button. On the right, the "Forgot Credentials" tab is selected, showing "Step 2: User Validation" with a "Student ID" input field containing "Cruz777". A red box highlights the "Forgot Credentials" tab. A red asterisk is visible next to the "Student ID" field.

- c. activation is successful, your new credentials to access the NExTT portal will be sent to your email on file. Proceed now to [Portal Login](#).

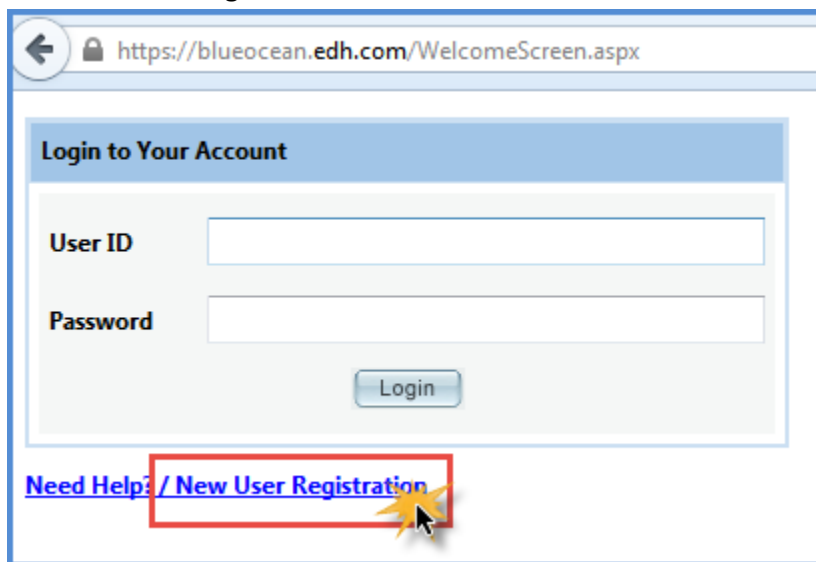
The screenshot shows a web interface for the NExTT portal. A message box states: "Your User ID and Password has been sent to your email id on file." The words "User ID and Password" are circled in red. Below the message is an "OK" button with a red circle containing the number "7" and a mouse cursor icon.

II- Register an account - step1

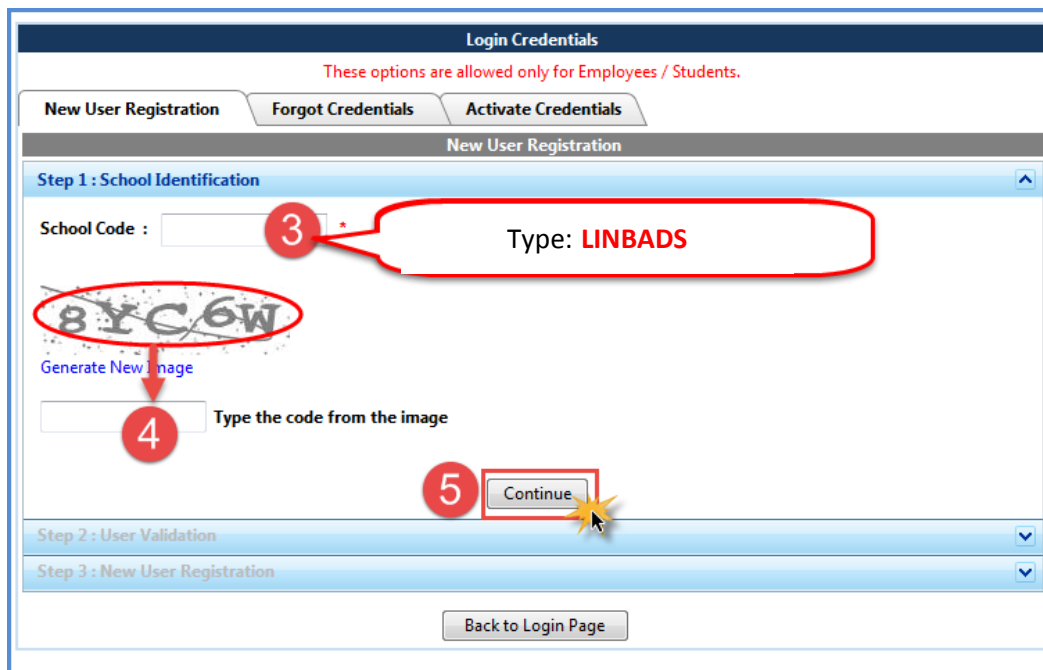
Please contact your Athletic Trainer with any questions or for assistance throughout this process.

🎥 Check out the [Self Registration Video](#) for additional guidance.

1. Go to <https://blueocean.edh.com/welcomescreen.aspx>
2. Click **New User Registration**



3. SCHOOL CODE: Enter your school code.
4. Type the code from the image
5. Click **Continue**



If you are prompted that “You are already registered,” Click **OK** and proceed now to [Activate Credentials](#).

Register - Step 2

1. Complete all required fields

- **School ID #** - Enter phone number if school ID hasn't yet been issued.
- First Name
- Last Name
- Date of birth
- Your **school** or **valid** email address (E-Mail ID)

2. Click **Continue**.

https://blueocean.edh.com/LoginCredentials.aspx

Login Credentials

These options are allowed only for Employees / Students.

New User Registration | Forgot Credentials | Activate Credentials

Step 1: School Identification

Step 2: User Validation

Student ID : School ID #

First Name : *

Last Name : *

Date of Birth : *

Middle Initial :

Suffix :

E-Mail ID : *

1

2

Continue | Cancel

Back to Login Page

Your valid School Email Address

Register – Step 3

1. Complete the remaining **10** required fields and any others you'd like to complete.

- Social Security Number
- Gender
- Marital Status
- Primary Sport
- Class - please choose athletic year (FRESHMAN – 5th YEAR SENIOR)
- International Students Only - Check **International Student?** checkbox
- Address – Street (International Students- enter campus address)
- Address – City
- Address – State
- Address – Zip
- Mobile Phone

2. Click **Save**.

Step 2: User Validation

Step 3: New User Registration

Student Details

Student ID : 1234000 * SSN :

First Name : Annie * Middle Initial :

Last Name : Oakley * Suffix :

Date of Birth : 10-12-1998 * Gender :

Marital Status : * Enrollment Date : 10-23-2014 *

Height : Feet Inches Weight (lbs) :

International Student? ☐ Add Photo

Primary Sport : * Position :

Jersey Number : *

Address Line 1 : * Address Line 2 :

City : * State :

Zip : * Email : jcampbell@vivature.com *

Home Phone : () - - - - - Mobile Phone : () - - - - - *

Notes :

Save Cancel

Back to Login Page

3. Once your registration is approved by the athletic department you will receive an email from no_reply@orchr.com with your login credentials. **NOTE:** Your forms will not be available until **tomorrow** morning.

Junk Delete Reply Reply Forward More Reply & Delete

Delete Respond Quick

From: ☐ no_reply@orchr.com

To: ☐ Annie Oakley

Cc:

Subject: Your Blueocean Login Information

Please make note of your User ID and temporary Password below

User ID : 01329152

Password : 9NJUKU

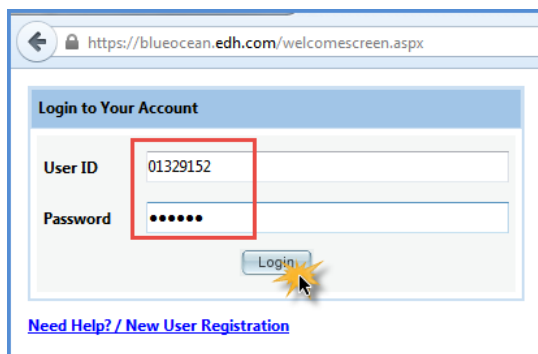
Thank you,

Vivature

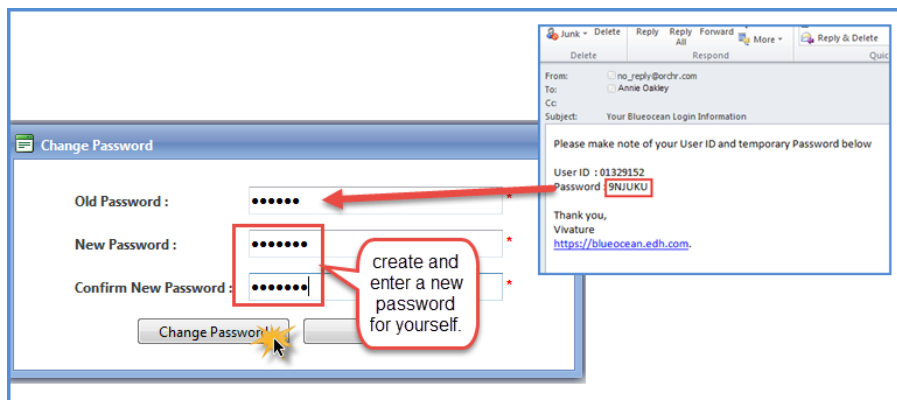
<https://blueocean.edh.com> Login here

III- Portal Login

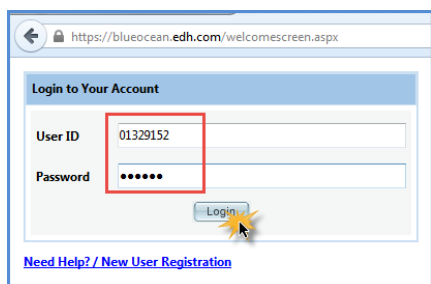
Login [here](#) using credentials provided/emailed to you.



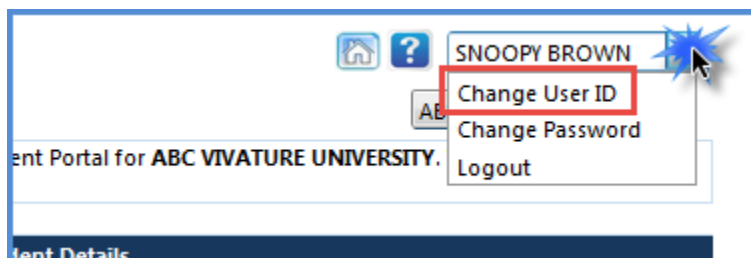
If prompted, reset your password



Login [here](#) with your new password.



Optionally change your **User ID** to a unique and preferable login ID. Your school email address is a good choice. Login again with your new **User ID** and **Password**.



IV- Your Portal Account

1. Check that your demographic information is correct. Update Email Address, Phone Number(s), Birthdate and/or Address via the **Demographic Changes** menu option.
2. Complete/Update/Confirm Insurance Information([Watch Video](#))
3. Complete/Update/Confirm Parent/Guardian Information ([Watch Video](#))
4. Complete/Update/Confirm Emergency Contact Information ([Watch Video](#))
5. Answer your **Security Questions** in case you forget your ID/Password.
6. Click the **Forms** link to access and complete your required forms
 - a. DRUG TESTING CONSENT FORM(one time only)
 - b. PRIMARY INSURANCE REQUIREMENTS FORM(one time only)
 - c. SICKLE CELL INFORMATION AND REQUIREMENTS FORM(one time only)
 - d. SICKLE CELL TRAIT TESTING AWARENESS FORM (one time only)
 - e. INSURANCE ACKNOWLEDGEMENT STATEMENT(Annually)
 - f. MEDICAL HISTORY QUESTIONNAIRE(Annually)
7. Download and print any listed/required **Fill-In Form**. Provide completed/signed copies, from a physician if specified) to your AT Staff.
 - a. PRE-PARTICIPATION PHYSICAL FORM(signed by physician)

Welcome **SNOOPY BROWN**, you have logged into your Student Portal for **ABC VIVATURE UNIVERSITY**. The Menu on the left allows you to access other details.

You have 1 Unread Message(s) to be viewed

Student Details			
Student ID	ZZPEA000A	Name	SNOOPY BROWN
Date of Birth	10-29-1994	Gender	Male
Marital Status	MARRIED	SSN	***-**-1112
Address	123 STREET ABC, CITY, HI 33333		
E-mail	JCAMPBELL@VIVATURE.COM		
Home Phone		Cell Phone	666-222-1111
Int'l Student?	<input checked="" type="checkbox"/>	Class	LAW
Enrollment Date	01-01-2015	Inactivation Date	
Height		Weight	174
Sport	ICE HOCKEY - MEN	Jersey Number	
Sport Position			
Enrollment Type		School of Study	
On Campus		HC Chart	
Preferred Provider			
NCAA Consent?	<input checked="" type="checkbox"/>		

Alerts Other Sports Insurance Parents/Guardians Contacts Scholarships Events

Alerts		
Alert Type	Description	Comments
ADHD	ADHD/ADD	Trouble focusing in the

Click the plus sign to add information to each of the **Insurance**, **Parents/Guardians** and **Contacts** tabs. Complete all fields marked with a red asterisk (*) and **Save** .

Provider

Alerts Other Sports Insurance Parents/Guardians Contacts Scholarships Events

Kiosk Weight Entry

Insurance Details


Billing Options: Health Center Bill Insurance Counseling Bill Insurance

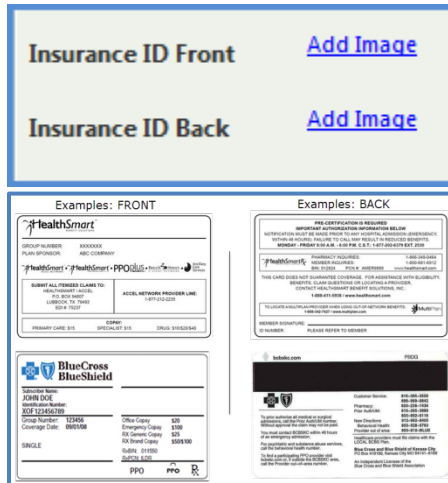
Subscriber Name	Insurance	Carrier	Policy #	ID Front	ID Back	Exp Date
No Insurance Details to display						


Insurance Tab

Skip the Insurance tab step by installing and using the **NExTT PIC** App from [Google Play](#) or [iTunes](#). Your card will appear in your account within a few days. [Here's How](#).



To add manually, [Watch Video](#) and:

1. Click the plus sign  to add insurance information for each insurance policy.
2. Complete all fields marked with a red asterisk (*).
3. Use the 2 **Add Image** links at the bottom to load images of the insurance card. *No PDFs please!*





4. **Save** .
5. **REPEAT** steps 1-4 for **EACH** Insurance card.
 - a. Primary
 - b. Secondary
 - c. and Prescription

Parent/Guardian Tab [Watch Video](#)

1. Click the plus sign  to add information for each parent/guardian. Information for least one (1) parent/guardian must be entered.
2. Complete all fields marked with a red asterisk (*).
3. Include at least one (1) valid phone number for each parent/guardian.
4. **Save** .
5. **REPEAT** steps 1-4 for **EACH** parent/guardian.

Contacts [Watch Video](#)

1. Click the plus sign  to add information for each emergency contact. Information for least two (2) emergency contacts must be entered.
2. Complete all fields marked with a red asterisk (*).
3. Include at least one (1) valid phone number for each contact.
4. **Save** .
5. **REPEAT** steps 1-4 for **EACH** emergency contact.

V- Forms

Appointments
Immunizations
Other Useful Links
Forms & Documents
▶ Demographic Changes
Admin Forms
Medical History
Virtual Files
My Fill-In Forms
View Claims
Forms
My Security Questions

Questions* and complete them for future use
You have 2 form(s) to be filled

Student ID	1234000
Date of Birth	10-12-1998
Marital Status	SINGLE
Address	HAMMERSTEIN DR
E-mail	JCAMPBELL@VIVA
Home Phone	
Int'l Student?	<input type="checkbox"/>
Enrollment Date	10-23-2014
Height	

Click on one of the **Forms** links to access and complete the following forms in your pending list.

Home
Calendar
Appointments
Other Useful Links
Forms & Documents
▶ Demographic Changes
Admin Forms
Medical History
Virtual Files
My Fill-In Forms
View Claims
Forms

My Forms
Pending List | Completed List

Description	From	Status	Start Date	End Date
PERSONAL INFORMATION/EMERGENCY CONTACT (All Athletes)	ATHLETIC	Incomplete	02-17-2016	03-04-2016

Page size: 10 | 1 items in 1 pages

- DRUG TESTING CONSENT FORM(one time only)
- PRIMARY INSURANCE REQUIREMENTS FORM(one time only)
- SICKLE CELL INFORMATION AND REQUIREMENTS FORM(one time only)
- SICKLE CELL TRAIT TESTING AWARENESS FORM (one time only)
- INSURANCE ACKNOWLEDGEMENT STATEMENT(Annually)
- MEDICAL HISTORY QUESTIONNAIRE(Annually)

Click on a form title from your **Pending List**. You need to complete all forms in your **Pending List** before the **End Date**.

Home
Calendar
Appointments
Immunizations
Other Useful Links
Forms & Documents
▶ Demographic Changes
Admin Forms
Medical History
Virtual Files
My Fill-In Forms
View Claims
Forms

My Forms
Pending List | Completed List

Description	From	Status	Start Date	End Date
portal test	ATHLETIC	Not Started	10-23-2014	11-30-2014
test	ATHLETIC	Not Started	10-23-2014	11-30-2014

Page size: 10 | 2 items in 1 pages

Complete all fields. Fields marked with a red asterisk (*) are required.

NOTE: If under the age of 18, your parent should be present and aware when signing forms that ask for a parent signature.

Scroll to the bottom and **Save** partially completed forms for completion later.

* GROUP NUMBER:

* SUBSCRIBER SS# 123-45-6789

* DOB 02-01-1997

* TELEPHONE 666-222-1111

* REFERRAL REQUIRED? ☐ YES ☐ NO

* PLEASE PROVIDE **A COPY OF ALL INSURANCE CARDS** INCLUDING COPIES OF **FRONT AND BACK** OF EACH CARD AS PROOF OF INSURANCE COVERAGE. INCLUDE UNIVERSITY HEALTH SERVICES INSURANCE OR ANY SECONDARY INSURANCE COVERAGE IF APPLICABLE.

Save Cancel Submit

Successfully saved, partially complete forms reflect in your **Pending List** as *Incomplete*. **Incomplete** status also reflects forms with outstanding required answers.

My Forms				
Pending List Completed List				
Description	From	Status	Start Date	End Date
PERSONAL INFORMATION/EMERGENCY CONTACT	ATHLETIC	Incomplete	10-23-2014	11-30-2014
PPE forms	ATHLETIC	Not Started	10-23-2014	11-30-2014

Page size: 10 2 items in 1 pages

Submit when complete. You **cannot** update the form after you click **Submit**.

* GROUP NUMBER: WK-1250-X

* SUBSCRIBER SS# 123-45-6789

* DOB 02-01-1997

* TELEPHONE 666-222-1111

* REFERRAL REQUIRED? ☒ YES ☐ NO

* PLEASE PROVIDE **A COPY OF ALL INSURANCE CARDS** INCLUDING COPIES OF **FRONT AND BACK** OF EACH CARD AS PROOF OF INSURANCE COVERAGE. INCLUDE UNIVERSITY HEALTH SERVICES INSURANCE OR ANY SECONDARY INSURANCE COVERAGE IF APPLICABLE.

Save Cancel Submit

Completed, submitted forms appear in your **Completed List**. Click the **Description** title to review your responses.

My Forms				
Pending List Completed List				
Description	From	Submitted Date	Start Date	End Date
PERSONAL INFORMATION/EMERGENCY CONTACT	ATHLETIC	10-24-2014	10-23-2014	11-30-2014

Page size: 10 1 items in 1 pages

VI- My Fill-In Forms

Download and print, have physician complete during physical and return per individual form instructions to the Athletic Training Room.

a. PRE-PARTICIPATION PHYSICAL

Home
Calendar
Appointments
Health History
Immunizations
Other Useful Links
Forms & Documents
Demographic Changes
Admin Forms
Medical History
Virtual Files
My Fill-In Forms
View Claims

☐ Forms

☐ MEDICAL RELEASE CONSENT FORM

☐ PRE-PARTICIPATION PHYSICAL EXAM FORM

Download

* To Download an Individual Form click on the Blue Form Name
* To Download Multiple Forms select the desired forms by check
* To Download All Forms check the box at the top left and select

Click the form title to download the PDF. Print the PDF, have physician complete and sign and return to the Athletic Training staff.

99_1568585297.pdf 1 / 1

Pre-Participation Physical Examination

NAME ZZBIRD, VICTOR E DATE SPORT RODEO - MEN

LAST FIRST MI

AGE HEIGHT WEIGHT BP PULSE

VISION: Left 20/ Right 20/ Glasses: Y N Contacts: Both L R

The following information must be completed by either a physician, a physician assistant licensed by a State Board of Physician Assistant Examiners, or a registered nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other practitioner will not be accepted.

	NORMAL	ABNORMAL	EXPLAIN
1. GENERAL APPEARANCE			
2. SKIN (rashes, lesions, etc)			
3. HEAD (hair, scalp, face)			

VII- Forgot Credentials

This feature only works if you've logged into your account before and you answered your security questions.

[Watch Video](#)

These options are allowed only for Employees / Students

New User Registration **Forgot Credentials** Activate Credentials

New User Registration

Step 1 : School Identification

Step 2 : User Validation

Student ID : Cray777 *

Open the applicable tab. Complete all required fields. Both options require answering your security question. Your credentials will be emailed to the email address on record.


1. Forgot Password – allows you to reset your password
 - a. Enter User ID (If you don't remember your ID move to step 2)
 - b. Type the CAPTCHA – Click **Continue**
 - c. Answer your security question
 - d. Enter your preferred password, confirm it and click **Change Password**.
 - e. Login with your new password.

Forgot Login Credentials

Forgot Password Forgot User ID

Step 1 : User Identification

User ID : *


Generate New Image

Type the code from the image

Continue

Step 2 : Security Questions

Step 3 : Reset Password

Back to Login Page

Forgot Login Credentials

Forgot Password Forgot User ID

Step 1 : User Identification

Step 2 : Security Questions

User ID : SNOOPY

Security Question : What is your oldest sibling's middle name? fido * Forgot Answer?

Continue

Step 3 : Reset Password

Back to Login Page

Forgot Login Credentials

Forgot Password Forgot User ID

Step 1 : User Identification

Step 2 : Security Questions

Step 3 : Reset Password

User ID : SNOOPY

New Password : *

Confirm New Password : *

Change Password

Back to Login Page

2. Forgot User ID – Have your ID and password emailed to you.
 - a. Enter last & First name, Date of birth and the email address on file.
 - b. Type the CAPTCHA – Click **Continue**
 - c. Answer your security question
 - d. Click Continue. Your User ID and Password are sent to your email ID.

The screenshot shows the 'Forgot User ID' form with the 'Forgot User ID' tab selected and highlighted with an orange circle and the number '2'. Below the tab are radio buttons for 'Student' (selected), 'Employee', and 'Parent'. The form is titled 'Step 1 : User Identification'. It contains input fields for 'Last Name' (Brown), 'First Name' (Snoopy), 'Date of Birth' (10-29-1994), and 'E-Mail ID' (jcampbell@vivature.com). Below these fields is a CAPTCHA image showing the text '4UN38' and a 'Generate New Image' link. A text box contains the CAPTCHA code '4un38' with the prompt 'Type the code from the image'. A 'Continue' button is at the bottom of the form. A 'Back to Login Page' button is at the very bottom.

The screenshot shows the 'Forgot User ID' form with the 'Forgot User ID' tab selected. The form is titled 'Step 2 : Security Questions'. It displays the user's name 'BROWN, SNOOPY'. Below this is a security question: 'What is your maternal grandmother's maiden name?' with a text box containing 'fido'. To the right of the text box is a link that says '* Forgot Answer?'. A 'Continue' button is at the bottom of the form. A 'Back to Login Page' button is at the very bottom.

The screenshot shows a confirmation message: 'Your User ID and Password are sent to your email id.' Below the message is an 'OK' button.

[Proceed to portal login instructions.](#)

Primary Insurance Requirements

Participation in intercollegiate athletics involves the inherent risk of injury. For this reason, it remains necessary for all student-athletes to maintain a personal health insurance policy throughout the school year in case of an athletic-related accident.

- Students will not be allowed to participate in any team activity or training until proof of insurance is provided to the athletic training department and the acknowledgement form is completed by the policy holder.

It is highly recommended the student-athlete's health insurance policy has a reasonable deductible, as this will be the responsibility of the student-athlete and/or policy holder. Furthermore, this policy must meet the following criteria:

- 1) Coverage of interscholastic athletic-related accidents
- 2) Coverage in the state of Missouri or Illinois
- 3) Coverage for out-patient, in-patient, specialist, and emergency care in Missouri or Illinois

*Coverage for 'Emergencies Only' in the state of Missouri or Illinois does not meet the university's mandatory insurance requirement

In addition to the specific criteria stated above:

- 1) **Out-of-state Medicaid plans DO NOT meet Lindenwood University Athletics requirements.**
 - 2) If the student-athlete is covered by **Kaiser Permanente or another HMO** based outside of the St. Louis area, it is required to enroll in another policy that will provide benefits for athletic-related accidents in the state of Missouri or Illinois.
- If an injury occurs and it is discovered the student-athlete's primary insurance carrier does not provide in-network benefits for providers in the area, the student-athlete may need to return home, at their own expense, for non-emergency medical care. In addition, if it is determined that a student-athlete incurred out-of-network expenses not covered by his/her primary insurance due to lack of coverage in the area, benefits from the secondary insurance policy may not be available.

Secondary Insurance Information

The university's secondary insurance policy is limited to those injuries received, which in the opinion of the team physician and certified athletic trainer, are directly attributable to participation in intercollegiate athletics while a full-time student at Lindenwood University.

The current Lindenwood University-Belleville secondary insurance policy is an accident-only policy and an excess policy.

*This policy carries a \$1,000 deductible and eligible medical expenses payable under any other insurance policy or service contract may be used to satisfy or reduce the deductible. After the student athlete's primary health insurance policy is exhausted and the \$1,000 deductible has been met for the university policy, the secondary health insurance may provide up to the maximum benefit for eligible medical expenses. This may not include certain medical procedures, special services, durable medical equipment, etc.

In addition, this accident-only policy will not provide coverage for the following:

- 1) Costs incurred from the care of injuries and illnesses that are not linked directly to a specific athletic accident or event.
- 2) Costs associated with injuries and illnesses incurred while participating in activities not directly associated with the student-athletes intercollegiate program.
- 3) Costs incurred due to the treatment of pre-existing conditions.
- 4) Costs incurred due to additional testing required as the result of issues or concerns raised during the pre-participation examinations.
- 5) Costs incurred from the emergency care of medical conditions that are not directly attributable to the participation in intercollegiate athletics (i.e. appendectomy).
- 6) Costs incurred due to dental care not relating directly to an athletic incident.
- 7) Costs incurred due to injuries associated with fighting (regardless of the setting).

Guidelines for Reporting an Injury/Submitting a Claim:

To ensure secondary coverage, the athlete must report all injuries and illnesses to the athletic training staff in a timely manner for appropriate evaluation and referral. All services must be coordinated and approved by the university's sports medicine staff. Any costs related to medical services scheduled without notification and approval from the athletic training department will be the sole responsibility of the student-athlete. This does not include emergency care. In the event of an emergency visit, the student-athlete should seek assistance from the athletic training staff immediately after returning to campus.

Lindenwood University's insurance coverage will not pay on the claim until they receive the billing statements from the medical providers and **Explanation of Benefits (EOB's)** from your primary insurance company. The student-athlete **must** have all medical expenses filed with his/her primary insurance carrier first. Once the claim has been paid by the primary insurance carrier, the student-athlete must then submit the Explanation of Benefits from his/her insurance company to the university, along with a copy of the itemized bill for services rendered. Copies of these items will be sent to Lindenwood University's secondary insurance company and final payments will be made upon approval.

It is the student-athlete's responsibility to ensure the athletic training department has received all bills and EOB's related to the injury.

Failure to provide the athletic training department with the required paperwork will negate the university's responsibility toward the incurred medical bills.

At any time during this process, additional information may also be requested from the secondary insurance company regarding the primary insurance policy and parent employment. It will be the responsibility of the student-athlete to ensure all requested documents are submitted to the secondary insurance carrier in a timely manner. Any delinquent bills resulting in bad credit due to noncompliance with insurance company requests may be the responsibility of the student-athlete and/or his/her parent(s)/guardian(s).

Acknowledgement Statement for Primary and Secondary Insurance Coverage

I attest that _____ (Print Name of Student-Athlete)
has insurance coverage under a current insurance policy for injuries that occur during participation in intercollegiate athletics. This primary insurance policy is in compliance with all university requirements.

- _____ I have been provided a copy of Lindenwood University's primary insurance requirements and guidelines for submitting a claim.
- _____ I understand the primary insurance requirements and confirm the provided proof of insurance meets the above criteria.
- _____ I understand the deductible for my primary insurance policy is my responsibility and the secondary policy will not provide benefits until the primary insurance has been fully exhausted and the \$1,000 deductible for the secondary has been met.
- _____ I agree to notify the Lindenwood University Athletic Training Department if there is a material change in coverage or expiration of this policy within 30 days of the expected change.
- _____ I understand the secondary insurance inclusions, exclusions, and limitations.
- _____ I understand all medical referrals for athletic injuries must be scheduled with prior approval from the athletic training staff.
- _____ I understand and agree that Lindenwood University assumes no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Lindenwood University.

****This must be signed by the primary policy holder***

Primary Insurance Policy Holder (Signature)

Date



LINDENWOOD UNIVERSITY - BELLEVILLE
PREPARTICIPATION EXAM

Name _____

Last _____ first _____ middle _____

Date _____

Sport _____ Year: Freshman / Sophomore / Junior / Senior / 5th Year

Date of Birth _____ Cell Phone _____

Height _____

Weight _____

Blood Pressure _____

Pulse _____

Vision: _____

R 20/ _____

L 20/ _____

w _____

w/o aid

Sex: _____

M _____

F _____

Email Address _____

PHYSICIAN'S EXAMINATION

Normal _____ Abnormal _____

1. Skin _____
2. HEENT _____
3. Lungs _____
4. Heart _____
5. Abdomen _____
6. Musculoskeletal _____
7. Neck & Back _____
8. Hernia/Genitals _____

I give authorization to the athletic training staff and /or medical consultants to evaluate and treat any injuries that occur during my participation in athletics at Lindenwood University Belleville. I understand the athletic trainer has the authority to eliminate me from participation because of an injury and/or because of to Lindenwood University Belleville. I give authorization to Lindenwood University Belleville and the athletic training / health service staff as well as any medical provider to release medical and insurance the secondary insurance company for review for payment of excess bills due to any injuries that may have or may occur.

(Initials) _____

I consent to the release and discussion of insurance and emergency contact information between the medical staff and the coaching staff of Lindenwood University-Belleville. This information includes, but is not limited to, your demographic information, date of birth, insurance card, and emergency contact name and phone number.

(Initials) _____

I understand that I am responsible for reporting any injuries or illnesses to the institutional medical staff, including the signs and symptoms of concussions.

(Initials) _____

Student Signature _____

Date _____

PHYSICIAN'S EXAMINATION NOTES:

Recommendation:

1. Clearance Without Restriction

2. Clearance Deferred

3. Clearance With Restriction

4. Disqualification

Reason: _____

Reason: _____

Reason: _____

Physicians Signature _____

Date _____

Lindenwood University-Belleville Athletic Training

Concussion Fact Sheet

What is a concussion?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

How can I prevent a concussion?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.

What should I do if I think I have a concussion?

Do not hide it.

Tell your athletic trainer and coach. Never ignore a blow to the head. In addition, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it.

Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out.

Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

Take time to recover.

If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

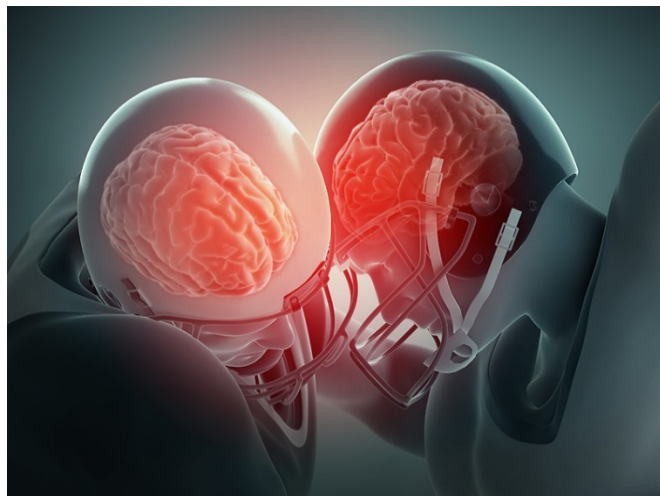
What are the symptoms of a concussion?

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.



**IT IS BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT!**

For more information and resources, please visit:

www.CDC.gov/Concussion and www.NCAA.org/health-safety