The Department of Sports Medicine is pleased to have you return as a student-athlete to the University of New Orleans. We wish you nothing but success both academically and athletically during your time with us! Enclosed with this letter are forms that must be completed in order to participate in intercollegiate athletics at The University of New Orleans. Please thoroughly read and complete the enclosed paperwork. Student-athletes are required to return the completed forms to the Department of Sports Medicine via email prior to their team’s pre-participation physical exam.

YOU WILL NOT BE PERMITTED TO PARTICIPATE UNTIL ALL INFORMATION FROM THIS PACKET HAS BEEN RECEIVED AND YOU HAVE BEEN MEDICALLY CLEARED BY A UNO TEAM PHYSICIAN.

Please pay careful attention to the following key policies when reviewing this packet:

- Each year, The University of New Orleans Department of Sports Medicine will provide ALL student-athletes with a pre-participation physical exam that meets NCAA standards. This physical is provided free of charge to every student-athlete at UNO.
  - In accordance with NCAA regulations, all prospective student-athletes must receive medical clearance from a physician prior to participation in any intercollegiate sport activity (tryouts, practice, workouts, etc.).
  - You are expected to disclose any injuries, illnesses, and/or surgeries that could affect your participation in athletics at the University of New Orleans. Failure to do so may negatively affect your eligibility for competition, athletically related financial aid, and/or your ability to file a claim under the UNO Department of Athletics secondary insurance policy.
- The University of New Orleans sports medicine team and all affiliated providers have the final authority to medically clear a student-athlete for participation.
- Your personal health insurance is used as primary for all costs related to intercollegiate athletic injuries.
- The medical information requested by the UNO Department of Sports Medicine is in addition to, and not in place of, medical information requested of all students by UNO Student Health Services.
- This packet must be submitted via email as a PDF file, faxed, or mailed to your athletic trainer.

The University of New Orleans Department of Sports Medicine serves and supports each student-athlete, and the University of New Orleans as a whole, by working collaboratively with a variety of health care professionals to provide the most comprehensive and evidence based healthcare practices, while maintaining the highest level of professionalism and integrity.

If you have any questions at anytime please don’t hesitate to contact us at (504) 280-7028.
**Returning Student-Athlete Medical Packet Checklist**

The following checklist is intended to assist you with completion of every aspect of the University of New Orleans medical packet.

**EACH** of the following must be completed prior to returning the enclosed medical packet.

Failure to do so will result in an incomplete medical packet and the student-athlete **WILL NOT** be permitted to participate in intercollegiate athletics at the University of New Orleans.

- **Page 3:** Student-Athlete Information
- **Page 4:** Health Insurance Information
  All University of New Orleans student-athletes are **required** to be covered by an individual health insurance plan before they are allowed to participate in intercollegiate activity
- **Page 5:** Photocopy of Health insurance card
  Include prescription, dental, vision and any other medical insurance cards
- **Page 6:** Consent to Treat, Acknowledgement of Risks, and Waiver of Claims Form
- **Page 7:** Updated Medical History Forms
- **Page 9:** Substance Abuse Education & Drug Testing Program Informed Consent Form
- **Page 10:** Medical Care, Insurance, and Medical Payment Policies and Procedures Acknowledgement
- **Scan & email Medical Packet as a PDF file, fax or mail to your respective athletic trainer**
  The medical packet may also be dropped off in person to the Athletic Training Room

Should you have questions, please don’t hesitate to contact the University of New Orleans Department Of Sports Medicine at (504) 280-7028. You may also contact your team’s athletic trainer.

Allan Chase  
**Baseball, Golf**  
Allan.Chase@ochsner.org  
815-302-9577

Becky Younger  
**Indoor Volleyball, Track and Field/XC**  
Rebecca.Younger@ochsner.org  
908-278-2685

Nick Holtgrieve  
**Men’s Basketball, Men’s and Women’s Tennis**  
Nicholas.Holtgrieve@ochsner.org  
816-838-0879

Pete Aune  
**Women’s Basketball, Beach Volleyball**  
Peter.Aune@ochsner.org  
989-619-0591
STUDENT-ATHLETE INFORMATION
(Please write legibly using blue or black ink)

Last Name: ___________________________  First Name: ___________________________  MI: __________

Date of Birth: __________/________/________ (MM/DD/YY)  □ Male  □ Female

SS #: __________ - __________ - __________  UNO ID #: ___________________________  Ochsner MRN #: ___________________________

Sport: ___________________________  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ 5th year  □ Masters/PhD

Cell Phone: (______) - _______  Student-Athlete Email Address: ____________________________

-----------------------------------------------------------------------------------------------------------------------------

School/Temporary Address: ____________________________________________

__________________________________  ____________________________________  __________________________________
          City                      State                      Zip Code

Home/Permanent Address: ____________________________________________

(USA Address only)

__________________________________  ____________________________________  __________________________________
          City                      State                      Zip Code

-----------------------------------------------------------------------------------------------------------------------------

International Student-Athletes Only

Passport #: ___________________________  Issuing Country: ___________________________

Immigration Status (circle one):  F-1  F-2  J-1  J-2

Foreign/Home Address: ____________________________________________

-----------------------------------------------------------------------------------------------------------------------------

EMERGENCY CONTACTS

Primary Contact: ___________________________  Relationship to Student-Athlete: ___________________________

__________________________  ___________________________
  Cell Phone #          Alternate Phone #

Secondary Contact: ___________________________  Relationship to Student-Athlete: ___________________________

__________________________  ___________________________
  Cell Phone #          Alternate Phone #

In an emergency, I authorize the UNO Department of Sports Medicine and affiliated providers to contact the person(s) listed above.

Student-Athlete’s Signature ___________________________  Date ___________________________
INSURANCE INFORMATION FORM

Name: ___________ DOB: _____ / _____ / _______ SS #: ________________

1. Are you currently covered under a health insurance policy/plan?  ☐ Yes  ☐ No
2. If you answered “yes” to #1, is this a Medicaid policy/plan?  ☐ Yes  ☐ No
3. If you answered “yes” to #1, is this an International health insurance policy/plan?  ☐ Yes  ☐ No

• If you answered “no” to #1, please leave this page blank & continue with remainder of packet.
• If you answered “yes” to #3, please complete the University of New Orleans Insurance Coverage Evaluation Form as it pertains to your immigration status & return to the Office of International Students and Scholars http://oiss.uno.edu/UNOinsurancereq2.cfm

POLICY HOLDER /SUBSCRIBER’S INFORMATION

Subscriber: ___________ Subscriber’s DOB: _____ / _____ / _______ SS#: ________________

Home Address: __________________________________________________________

Street                      City                      State                      Zip Code

Cell Phone: ___________________________ Alternate Phone: ___________________________

Employer: ___________

Employer Address: __________________________________________________________

Street                      City                      State                      Zip Code

Insurance Company: ___________ Insurance Company Phone #: __________________________

Insurance Address: __________________________________________________________

Street                      City                      State                      Zip Code

Policy/ID#: ___________________________ Group #: ___________________________ Effective Date: _______ Expiration Date: _______

Type of Insurance: ☐ HMO  ☐ PPO  ☐ Indemnity  ☐ Other ___________ Does this policy include dental coverage? ☐ YES  ☐ NO

Primary Care Physician: ___________ Physician Phone #: __________________________

PLEASE READ CAREFULLY

• The University Of New Orleans Department Of Intercollegiate Athletics’ accident policy which provides insurance for student-athletes for injuries occurring while participating in the play or practice of intercollegiate athletics is considered “EXCESS” or “SECONDARY” to any other collectible group insurance benefits. This simply means all claims must first be filed with the primary insurance company of the student athlete before the University of New Orleans will assist with any payment of the claim. After all applicable copayments and deductibles have been paid by the subscriber and all available benefits have been paid by the primary insurance company; the university’s athletic insurance company will consider remaining amounts based on REASONABLE and CUSTOMARY charges. The University of New Orleans DOES NOT have the option of waiving the requirement of filing with your group insurance.

• I hereby authorize the University of New Orleans Department of Intercollegiate Athletics, hospitals & physicians connected with or provided, to furnish information to insurance carriers concerning any illness, injury, & treatments & I hereby assign to the party all payments for medical services rendered to the student-athlete.

• I agree to supply any & all information requested by my primary insurance, the University of New Orleans Department of Intercollegiate Athletics & their excess insurance company in a timely manner.

• I hereby authorize the University of New Orleans Department of Intercollegiate Athletics and their excess insurance company to secure & inspect copies of case history records, lab reports, diagnoses, x-rays, & any other data pertaining to the injury/illness I am receiving care for or previous confinements of disabilities relevant to the care of the injury/illness.

• I hereby authorize the University of New Orleans Department of Sports Medicine and/or my coach to hospitalize & secure treatment for me for any athletic injury/illness.

• A photocopy of this authorization shall be deemed as effective & valid as the original.

__________ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained.

Initial ____________

__________ I agree to notify the University of New Orleans Department of Sports Medicine immediately (within 10 days) upon any change in the above health insurance information. Should I fail to do so, I fully understand that I may be responsible for any & all charges incurred.

Initial ____________

I hereby certify that I have read & understand the above statements, that any & all questions have been answered to my satisfaction, & that the answers provided are true, complete, & correct to the best of my knowledge. It is illegal to knowingly provide false information on this form.

Student-Athlete - Signature ___________________________ Date: __________________________

Parent/Guardian - Signature ___________________________ Date: __________________________

(if athlete is under 18 years old)
INSURANCE CARD

Name: ____________________________ DOB: __________/________/_______ Sport: ____________________________

Please include ALL Prescription, Dental, Vision & any other medical insurance cards.

Should you choose not to use this exact page to provide a copy of your insurance card, please follow the below format including:

student-athlete’s name, date of birth and sport at the top of the page

Copy FRONT of insurance card below

Copy BACK of insurance card below
Consent to Treat, Acknowledgement of Risks, and Waiver of Claims Form

Name: ___________________________ DOB: _____ / _____ / _____ Sport: ___________________________

CONSENT TO TREATMENT AND DISCLOSURE OF INFORMATION

Consent is hereby granted by the undersigned to the University of New Orleans, including its Sports Medicine Department, health care professionals, and consultants, to proceed with any medical or minor surgical care or treatment, including without limitation x-ray examination, imaging studies or testing, that the professional staff considers to be necessary for the student-athlete named below. Authorization and consent is hereby granted by the undersigned to the University of New Orleans, including its Sports Medicine Department, health care professionals, and consultants, to obtain and release health information and records for treatment, payment, and operations purposes, including for the purpose of processing insurance claims.

I understand and agree that information, including information about my injury/condition, may be disclosed to the staff and personnel of the University of New Orleans Department of Athletics in relation to my participation in any physical activity.

This Consent to Treatment and Disclosure of Information is a required condition for participation in the athletics program and shall remain valid until revoked in writing.

Student Athlete - Signature ___________________________ Date ________________

Parent/Legal Guardian - Signature ___________________________ Date ________________
(if athlete is under 18 years old)

ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury and/or death. I understand that the dangers and risks include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, bones, and other parts of the skeletal/muscular system, and other serious physical and other injuries. I understand that the dangers and risks also include other impairment of health and well-being, including impairment affecting the future ability to earn a living, engage in educational, occupational, social, and recreational activities, and generally enjoy life. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching, athletic training, and other staff if I have questions. I understand that, notwithstanding precautions taken by The University of New Orleans, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and other physical activities and using equipment while at The University of New Orleans with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports or other physical activities at the University of New Orleans (whether at the University of New Orleans’s athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at the University of New Orleans and to use associated equipment, I (on behalf of myself any my heirs and assigns) do hereby release, hold harmless, and forever discharge and agree not to sue the University of New Orleans and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at the University of New Orleans (whether at the University of New Orleans athletic facilities or elsewhere), whether or not caused by the ordinary negligence of the University of New Orleans.

I have read and understand this document, and I voluntarily agree to be bound by it.

Student-Athlete - Signature ___________________________ Date ________________

Parent/Legal Guardian - Signature ___________________________ Date ________________
(if athlete is under 18 years old)

Updated: April 2016
Updated Medical History

Name: ______________________  DOB: ______ / _____ / _____  Sport: __________________________

Since your 2015-2016 physical, have you:

<table>
<thead>
<tr>
<th></th>
<th>Circle</th>
<th>If YES, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been hospitalized?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a concussion or other head injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Been unconscious for any other reason than anesthesia?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a neck injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a back injury or suffered from back pain?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had any numbness in neck, shoulder, hand?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a shoulder, elbow, or hand injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a hip, knee, or ankle injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Missed a practice/game due to an injury or illness?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Are you currently undergoing physical therapy/rehab for an injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>While exercising, have you experienced chest pain, lightheadedness, a &quot;racing heart, a &quot;skipped beat&quot; or fainted?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Been diagnosed with any new medical problems/illnesses?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Felt dizzy, passed out, blacked out or fainted during or after exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Experienced coughing, wheezing, shortness of breath or breathing difficulties during or after exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had an allergic reaction to any medication?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Been diagnosed with any food or material allergies?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a dental/tooth injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had frequent headaches?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Had a heat related illness?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you wear glasses or contact lenses?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you require special braces or equipment to participate in sports?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you take any medications (prescribed or over the counter)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you take any supplements, vitamins, proteins?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever experienced a joint subluxation or dislocation?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**FEMALE ATHLETES ONLY**

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>How many periods have you had in the last 12 months?</td>
<td></td>
</tr>
<tr>
<td>Have you been or are you currently pregnant?</td>
<td>YES</td>
</tr>
</tbody>
</table>

**By signing below, I certify that all the above information is correct and true to the best of my knowledge.**

Student Athlete - Signature ________________________________  Date ________________

Updated: April 2016
Substance Abuse Education & Drug Testing Program

The University of New Orleans (UNO) Department of Athletics is committed to maintaining a safe, healthy, and productive environment that supports its educational and athletic missions. The use of alcohol and/or illegal substances as well as the abuse of prescription medications and/or nutritional supplements by its student-athletes directly interferes with that mission and poses specific and serious health risks. UNO Athletics recognizes its responsibility to educate student-athletes regarding problems associated with use of drugs and alcohol. For that reason, the UNO Department of Athletics has developed a substance abuse education program that will be supplemented with selected drug testing as deemed necessary by the National Collegiate Athletic Association (NCAA) and UNO Department of Athletics.

Purpose of the Substance Abuse Education & Drug Testing Program

Each student-athlete will participate in the UNO Department of Sports Medicine’s NCAA banned substances meeting at least once per academic year. This meeting will include a video describing NCAA drug policies and each student-athlete will receive a list of NCAA banned substances. The NCAA banned substances list, as well as other health risk information is posted in the Athletic Training Room (Arena Room 164) and https://www.ncaa.org/2015-16-ncaa-banned-drugs. Online educational modules will be provided by the UNO Department of Sports Medicine throughout the year for emphasis of the above objective.

Drug Testing

Student-athletes are subject to NCAA drug testing year-round. During an NCAA drug test, all classes of NCAA banned drugs are tested. The complete list of NCAA banned and tested drug classes are displayed in the Athletic Training Room (Arena Room 164) and/or can be obtained by visiting www.NCAA.org/2015-16/ncaa-banned-drugs.

The University of New Orleans Department of Athletics reserves the right to collect and analyze a urine specimen from any person participating in sanctioned intercollegiate activities in any capacity. An Informed Consent MUST BE SIGNED by each student-athlete acknowledging an understanding of the program, its purpose and subsequent enforcement implications following a positive test result. If selected for a drug test (NCAA or UNO), the student-athlete will be contacted within 24 hours of the test via telephone or direct contact by a member of the UNO Sports Medicine Staff. The importance of answering phone calls and/or returning voicemails is crucial.

Positive Drug Testing

The UNO Department of Athletics and the NCAA penalties for a positive test are strict and automatic. In the event of a positive drug test, sanctions will be imposed upon the student-athlete. Sanctions are based upon the most current policies and procedures. Failure to be present for assigned drug testing date will result in a positive test. Full disclosure of the UNO Department of Athletics drug testing policy can be made available by contacting the Assistant Athletic Director for Compliance. Visit www.NCAA.org/drugtesting for questions regarding the NCAA’s policy.

Medical Exceptions

Medical exceptions may be granted for substances in all classes with the exception of street drugs. Pre-approval is required for the use of peptide hormones, anabolic agents, stimulants (including ADD/ADHD medications), beta 2-agonists (including Asthma medications), beta blockers (including cardiovascular medications), etc. Please complete the NCAA Medical Exception Documentation Reporting Form (http://www.ncaa.org/health-and-safety/sport-science-institute/2015-16-drug-testing-exceptions-procedures-medical-exceptions) if you are taking a prescribed banned substance.

Proper documentation from the prescribing physician MUST BE submitted to the UNO Department of Sports Medicine and forwarded to the NCAA for approval. Please contact the Department of Sports Medicine for more information regarding medical exemptions.

Nutritional Supplement Advisory

Student-athletes are responsible for any substance he or she ingests. Nutritional supplements may contain NCAA banned substances. This may lead to a positive drug test and loss of NCAA eligibility. Visit www.DrugFreeSport.com/REC for more information.

Confidentiality

The University of New Orleans Department of Athletics and Sports Medicine, as well as student-athletes, are required to adhere to the policies and procedures as stated in the Notice of Privacy Practices document.
Substance Abuse Education & Drug Testing Program
Informed Consent

I, ____________________________, have read and understand the information pertaining to the Drug Abuse
Education & Drug Testing Program within the University of New Orleans Department of Intercollegiate Athletics. The
program's objectives have been clearly defined. I understand that all results of the screening will be kept confidential to
the best of the University of New Orleans' ability according to the described procedure. I, therefore, fully consent to
participate in the program, undergo all the required tests, and cooperate in its administration. In consideration of
participation in the Intercollegiate Athletic Program, I release the University of New Orleans, the Sports Medicine
Department and its employees from any and all liability and waive any and all claims against the University of New
Orleans and the Sports Medicine Department arising out of the Substance Abuse Education & Drug Testing Program,
unless such claim is based on negligent or wrongful conduct of the University of New Orleans, the Sports Medicine
Department and its employees.

Student-Athlete - Signature ____________________________ Date ________________

Parent/Legal Guardian - Signature ____________________________ Date ________________
(if athlete is under 18 years old)
Medical Care, Insurance, and Medical Payment Policies and Procedures
Acknowledgement Form

Before signing this form, you must read and review the
Medical Care, Insurance, and Medical Payment Policies and Procedures

I, __________________________, hereby attest that I have read and reviewed the entire
Medical Care, Insurance, and Medical Payment Policies and Procedures for the University of New Orleans Department of Sports Medicine. All questions, if any, have been answered to my satisfaction. By signing my name below, I attest that I fully understand my rights and responsibilities if I am injured while competing in intercollegiate athletic activities at the University of New Orleans and verify that I will follow all of the policies and procedures.

_________________________________________  __________________________
Student-Athlete - Signature  Date

_________________________________________  __________________________
Parent(s)/Guardian(s)- Signature  Date
(if student athlete is under 18 years old)