Check Sheet for Student-Athletes

Name: ____________________  Sport: ____________________  Date: ____________________

FIRST-YEAR PARTICIPANTS AT GARDNER-WEBB UNIVERSITY FORMS:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Description of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>Opened and Reviewed Vice President for Athletics Insurance Letter</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed GWU Athletic Insurance Requirements</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Acknowledgment of Insurance Statement</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Parent Information Form</td>
</tr>
<tr>
<td>_______</td>
<td>Included a Copy of Front and Back of Insurance Card</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Hospital Emergency Form</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Medical History</td>
</tr>
<tr>
<td>_______</td>
<td>Opened and Reviewed Substance Abuse Education and Testing Policy</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Substance Abuse Education and Testing Policy – Appendix A</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Consent to Participate/Medical Consent</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Helmet Warning Statement</td>
</tr>
<tr>
<td>_______</td>
<td>Opened and Reviewed NCAA Concussion Statement</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Student-Athlete Concussion Statement</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed HIPPA (GWU HIPPA and First Agency)</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out Nutritional Supplement Disclosure</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out Prescription Medication Disclosure</td>
</tr>
<tr>
<td>_______</td>
<td>Opened and Reviewed Sickle Cell Trait Student-Athlete Letter</td>
</tr>
<tr>
<td>_______</td>
<td>Copy of Sickle Cell Status</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out ATS Form</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out Mental Health Survey</td>
</tr>
</tbody>
</table>

SECOND, THIRD, FOURTH AND FIFTH YEAR PARTICIPANTS AT GARDNER-WEBB UNIVERSITY FORMS:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Description of Item</th>
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<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Parent Information Form</td>
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<tr>
<td>_______</td>
<td>Included a Copy of Front and Back of Insurance Card</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Hospital Emergency Form</td>
</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out and Signed Medical History Update</td>
</tr>
<tr>
<td>_______</td>
<td>Opened and Reviewed Substance Abuse Education and Testing Policy</td>
</tr>
<tr>
<td>_______</td>
<td>Reviewed and Signed Substance Abuse Education and Testing Policy – Appendix A</td>
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</tr>
<tr>
<td>_______</td>
<td>Completely Filled Out Mental Health Survey</td>
</tr>
</tbody>
</table>
Dear Parent/Guardian of GWU Student-Athlete:

The purpose of this letter is to inform you of the policies and procedures associated with Gardner-Webb University’s athletic insurance coverage for all participants in athletics at Gardner-Webb University.

Please take the time to fill out the enclosed insurance forms so that we can maintain accurate insurance and emergency contact information on your son or daughter. We ask that the forms be returned no later than July 1, 2018. Along with the forms, also send a copy (front and back) of the insurance card for the policy that covers the student-athlete. **It is mandatory that completed and signed forms are on file, along with a copy (front and back) of the insurance card, before a student-athlete will be allowed to participate in any practice or athletic event at Gardner-Webb University.** This process must be completed each year that your son or daughter participates in athletics at Gardner-Webb University.

Please note that some insurance policies do not cover an injury that is sustained while participating in college athletics and/or have limited or no out-of-state or out-of-network coverage. We ask that you check with your insurance company about both of these issues and indicate your coverage limitations on the insurance form. Gardner-Webb University requires all student-athletes to have primary health insurance that will cover athletic injuries with a minimum coverage of $10,000.00.

Gardner-Webb University carries secondary insurance on all its student-athletes through First Agency Inc. Insurance. Our policy is an excess policy, once the student-athlete’s primary health insurance has considered charges; our excess policy will pay the balance of allowable charges that are within reasonable and customary. Please review the following policies governing this coverage:

1. First Agency Inc. Insurance will pay only after receiving proof that the expenses have been filed on the student-athletes primary insurance and that those benefits have already been paid. Once your insurance has paid a claim, they will send you an Explanation of Benefits (EOB) form stating what and how much was covered. This EOB must then be forwarded to:
   
   Kat Ayotte, Associate Athletic Trainer  
   Gardner-Webb University  
   PO Box 877  
   Boiling Springs, NC 28017

   If your son or daughter’s bills do not meet your deductible, First Agency Inc. Insurance will still pay the benefits. However, Kat Ayotte will need the explanation of benefits statement showing your insurance company applied the bills to the deductible. **Gardner-Webb University will only be responsible towards the first $2500.00 of your deductible.** After $2500.00 it will be your financial responsibility to meet the deductible.

2. Gardner-Webb University and First Agency Inc. Insurance will not be responsible for any pre-existing condition, regardless if it’s been previously treated or not. It is the responsibility of the student-athlete to disclose any condition or injury that they have incurred and/or are receiving treatment for to the Athletic Training and Medical Staff of the University.

3. Gardner-Webb’s insurance is only responsible for those bills incurred for an injury sustained while representing the Gardner-Webb University Athletics Program (ie. practice or games).

4. Gardner-Webb’s insurance will only be responsible for bills incurred for two years from the date of injury.
5. If you currently have an HMO you will be required to attain benefits in Cleveland County.

6. Gardner-Webb University requires all student-athletes to maintain emergency-care and non-emergency care health insurance throughout the school.

Please also note that the NCAA’s Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a $90,000 deductible and is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA’s website at www.ncaa.org.

As stated earlier, in order to make the process of seeing a physician more efficient, we are requiring that all student-athletes have a copy of the insurance card (front and back) for the policy that covers them on file with the Gardner-Webb University Athletic Training Department. If your son or daughter is with an HMO or PPO and they are required to see their Primary Care Physician (PCP), please include the name, address and phone number of their PCP. Gardner-Webb will make an effort to get approval for student-athletes with an HMO or PPO to be seen by our physicians. If the HMO or PPO does not approve this, they will have to go to the nearest provider approved by the HMO or PPO. Finally, if your son or daughter is covered by an HMO or PPO, please inquire with your insurance provider about the possibilities of guest benefits. Guest benefits will enable your son or daughter with an HMO or PPO to go to a local PCP while they are enrolled as student-athletes at Gardner-Webb University.

Again, please take a few minutes to fill out the enclosed insurance and emergency contact forms completely and correctly. Please mail these no later than July 1, 2018. If the Athletic Training Department does not have this information when your son or daughter reports for athletic practice, they will be declared ineligible until the information is received and can be processed.

We appreciate your assistance with this important matter. Please feel free to contact Gardner-Webb’s Athletic Training Staff at 704-406-4356 if you have any further questions.

Sincerely,

Chuck Burch
Vice President for Athletics
Gardner-Webb University
Intercollegiate Student-Athlete Insurance Program

All Student-Athletes entering Gardner-Webb University are REQUIRED to have primary health care insurance in the State of North Carolina that will cover the student-athlete while participating in intercollegiate athletics in emergency and non-emergency situations. Primary health care insurance is the health insurance that will pay first on medical claims. This primary health care insurance policy must have a minimum coverage limit of $10,000. A photocopy of your primary insurance card (front and back side of the card) must be submitted to the Gardner-Webb University Athletic Training Department. Failure to comply will keep the student-athlete from participating in their respective sports until primary health care insurance is obtained and on file with the Gardner-Webb University Athletic Training Department. In addition to the primary health care insurance coverage you provide, Gardner-Webb University will provide secondary insurance for injuries sustained while participating in intercollegiate athletics for Gardner-Webb University. The secondary insurance coverage provided by Gardner-Webb University will pay medical expenses that are reasonable and customary after the primary health care insurance pays their portion including up to $2,500.00 of any deductible on your primary coverage. NO pre-existing injuries or congenital disorders will be covered under the secondary insurance policy. It is the responsibility of the student-athlete and his or her parent/legal guardian to notify the University IMMEDIATELY upon any change in your primary health care insurance coverage. Failure to notify the University of any changes in the student-athlete’s medical insurance coverage may nullify Gardner-Webb University from responsibility regarding any medical bills.

We strongly recommend that you research and understand your primary health care insurance benefits prior to your arrival on campus to make sure that your son/daughter is covered in the State of North Carolina and while participating in intercollegiate athletics. It is recommended that if you have a HMO/PPO plan, you call your carrier to inquire about coverage in the Cleveland County Area and secure “guest privileges” for a local provider. Also, it is advisable to look into your out-of-network coverage in the Cleveland County area. If you are not using your parent or guardian’s insurance and need a recommendation for coverage to purchase, please contact the Gardner-Webb University Athletic Training Department. Please note that the University accepts no responsibility based on any recommendations made concerning primary health care insurance coverage available for you to purchase as these are only recommendations.

When a student-athlete is injured, all medical insurance claims will be filed with your primary health care insurance company. The following information is required from the student-athlete in order to process a claim with the secondary insurance company:

1) Itemized bills from all medical providers
2) Explanations of Benefits (EOB’s) from your medical insurance company
3) Receipts from payments made to medical providers

The Gardner-Webb University Athletic Training staff will assist in expediting the dissemination of this information to the secondary insurance company and process the remaining portion of the claim for you. Please be advised that if a balance still exists after both primary and secondary insurance have paid, this will be the responsibility of the student-athlete.

Your signature on this letter indicates that you have read, understood, and will comply with all that is stated above. Any false information will nullify Gardner-Webb University from responsibility regarding any medical bills.

“I, _____________________________ have read the above letter and understand that Gardner-Webb University is responsible for injuries which occur while representing Gardner-Webb University in an athletic practice or competition only to the extent such injuries are covered by the intercollegiate athletics participation secondary insurance provided by Gardner-Webb University to its student-athletes participating in intercollegiate athletics.

_________________________________________ Date ______________________
Student-Athlete’s Signature Date of Birth/Current Age

_________________________________________ Date ______________________
Parent’s Signature Date

Gardner-Webb University Athletic Training

Acknowledgment of Insurance Policy

Name:______________________   Sport:_____________________    Date:__________

As a student-athlete participating in athletics at Gardner-Webb University you are insured under a secondary insurance policy for injuries sustained while participating in intercollegiate athletics for Gardner-Webb University. Secondary insurance coverage pays the remaining portions of medical bills after the student-athlete’s Primary Insurance carrier has made its payment.

As a student-athlete at Gardner-Webb University, it is your responsibility to inform the Athletic Training Staff of any changes in your Primary Insurance status when it happens. Failure to report any change in your Primary Insurance coverage could result in non-payment of any injuries that might occur while representing Gardner-Webb University as a student-athlete.

Gardner-Webb University is not responsible for any injury occurred while not representing Gardner-Webb University. It is also not responsible for any pre-existing injury. It is the student-athlete’s responsibility to reveal all pre-existing injuries with the Gardner-Webb University Athletic Training Staff.

The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided, and has disclosed all pre-existing injuries.

Signature:__________________________

Date:______________________________

Witness:____________________________
This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol.  This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me the authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address.  I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits.  Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment.  I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

This Authorization is valid from the date signed for the duration of the claim.

(Please Print) Name of Claimant ________________________________ Signature of Claimant if claimant is 18 or older ________________________________ Date ________________________________

(Please Print) Name of Authorized Representative or Next of Kin ________________________________

Relationship of Authorized Representative or Next of Kin to Claimant ________________________________

Signature of Authorized Representative or Next of Kin ________________________________ Date ________________________________
**PARENT INFORMATION FORM**

**PARENTS/GUARDIAN TO COMPLETE AND RETURN TO:**

Gardner-Webb University  
Athletic Training  
P.O. Box 877  
Boiling Springs, NC 28017

Attn: Kat Ayotte/ Associate Athletic Trainer

**FAX- (704) 406-3503**

**FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS. NOTE: Complete all blanks. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).**

<table>
<thead>
<tr>
<th>I. Name of Athlete: ________________________________</th>
<th>Sport: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #: ____________________________</td>
<td>Date of Birth: __________________</td>
</tr>
<tr>
<td>GWU Campus Box: ______________________________</td>
<td>Cell Phone: ____________________</td>
</tr>
<tr>
<td>GWU E-Mail Address: ___________________________</td>
<td>Home E-Mail Address: ____________</td>
</tr>
<tr>
<td>Home Address: __________________________________</td>
<td>City: __________________________</td>
</tr>
<tr>
<td>Address: ______________________________________</td>
<td>State: ________________________</td>
</tr>
<tr>
<td>Address: ______________________________________</td>
<td>Home Phone: ___________________</td>
</tr>
<tr>
<td>Employer: ___________________________</td>
<td>Home Phone: ___________________</td>
</tr>
<tr>
<td>Address: ______________________________</td>
<td>Home Phone: ___________________</td>
</tr>
<tr>
<td>Telephone: _________________________________</td>
<td>Home Phone: ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Father/Guardian: ___________________________</th>
<th>Mother/Guardian: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #: ____________________________</td>
<td>Social Security #: __________________</td>
</tr>
<tr>
<td>Date of Birth: ______________________________</td>
<td>Date of Birth: __________________</td>
</tr>
<tr>
<td>Address: ______________________________________</td>
<td>Address: ________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Employer: ___________________________</th>
<th>Employer: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________________________</td>
<td>Address: ________________________</td>
</tr>
<tr>
<td>Telephone: _________________________________</td>
<td>Telephone: ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Medical Insurance</th>
<th>Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company or Plan ______</td>
<td>Company or Plan ______</td>
</tr>
<tr>
<td>Address: ______________</td>
<td>Address: ______________</td>
</tr>
<tr>
<td>Address: ______________</td>
<td>Address: ______________</td>
</tr>
<tr>
<td>Policy Number: _________</td>
<td>Policy Number: _________</td>
</tr>
</tbody>
</table>
| Policy Effective Dates: ______________________ | Policy Effective Dates: __________ 
| Policy Deductibles/Co-insurance: __________________ | Policy Deductibles/Co-insurance: __________ |
| Phone Number: __________ | Phone Number: __________ |

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)?

☐ Yes  ☐ No

If yes, please circle which type of Plan you have: HMO  PPO

Is pre-authorization required to obtain treatment?

☐ Yes  ☐ No

Does your insurance or plan require a second opinion before surgery?

☐ Yes  ☐ No

Does your insurance or plan cover athletic injuries?

☐ Yes  ☐ No

Does your insurance or plan provide out-of-state or out-of-network benefits?

☐ Yes  ☐ No

I hereby authorize Gardner-Webb University 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. We authorize that the university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the university.

Parent’s Signature: ____________________________  Student’s Signature: ____________________________
Gardner-Webb University Athletic Training
Front and Back Copy of Health Insurance Card

Name:____________________      Sport:_________________          Date:__________________

COPY of HEALTH INSURANCE CARD

Please attach an enlarged, clean copy of the FRONT AND BACK of your health insurance card below.

FRONT:

BACK:
Gardner-Webb University Athletic Training
HOSPITAL EMERGENCY INFORMATION

Name:_________________      Sport:__________________        Date:_______________

Student-Athlete’s Name:  First:_________  Middle:_________  Last:_________

Student-Athlete’s Home Address:   _______________________________________
                      _______________________________________

Student-Athlete’s Home Phone Number:_____________________________________

Student-Athlete’s Cell Phone Number:_____________________________________

Student-Athlete’s Date of Birth:__________________________________________

Student-Athlete’s Social Security Number:_________________________________

Parent’s Name:  Father:____________________  Mother:_____________________

Parent’s Home Address:    _______________________________________________
                       ________________________________________________

Parent’s Home Phone Number:____________________________________________

Any Existing Medical Conditions:    Yes:_______  No:_______
If yes please list:                      _______________________________________
                      ________________________________________

Any Known Allergies:    Yes:_______  No:_______
If yes please list:                       _______________________________________
                     ______________________________________

Family Physician/Primary Care Physician:_________________________________
(Name/Address/Phone Number)                      __________________________________

If you are 18 or older Gardner-Webb University Athletic Training Staff and Team
Physicians needs your permission to inform your parents about any injuries/illness that
might require emergency medical attention.  Do you give Gardner-Webb University
permission, circle one:  Yes  No
Signature:_________________________        Date:_____________________

If you are 17 or younger your parents will be notified of any injury/illness that happens to
you that requires emergency medical attention.

Emergency Info 1 Updated: 5/14/2018 1:41 PM
### Gardner-Webb University Athletic Training

**Medical History**

I. This questionnaire is part of your physical examination for participation in college athletics. This is part of your medical record and will be treated confidentially.

II. Please fill in all blanks to the best of your knowledge. This will be screened by our team physician.

III. Answer all questions.

<table>
<thead>
<tr>
<th>What sport?</th>
<th>Year at GWU</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
</table>

Name ___________________________ Date ___________________________

Social Security Number ____________ Age ____________ Birth Date ____________

GWU Campus Box ____________ Cell Number ____________

Home Address ____________________________

City ____________________________ State ____________ Zip ____________

Parent or Guardian ____________________________ Phone ____________________________

Parent or Guardian’s Address ____________________________

In Case of Injury, Notify ____________________________ Phone ____________________________

Family Doctor ____________________________ Address ____________________________

City ____________________________ State ____________ Zip ____________

<table>
<thead>
<tr>
<th>Family History</th>
<th>State of Health</th>
<th>Age</th>
<th>Cause of Death</th>
<th>Age at Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father _______</td>
<td>_______</td>
<td>If Living</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>Mother _______</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Brothers _______</td>
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<td>Sister _______</td>
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<td>Wife _______</td>
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<tr>
<td>Husband _______</td>
<td>_______</td>
<td>_______</td>
<td>____________</td>
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</tr>
</tbody>
</table>

Who in Your Family Has Had:  Goiter _______ Diabetes _______

Cancer _______ Tuberculosis _______ Allergies _______

Asthma _______ Heart Attacks Before at 60 _______

High Blood Pressure _______ Gout _______ Strokes Before Age 60 _______

Mental Disorder _______ Convulsion/Epilepsy _______

Migraine Headache _______

MARITAL HISTORY:

Married _______ Single _______ Children _______

Spouse’s Name ____________________________ Phone ____________________________

Spouse’s Address ____________________________
HEALTH HISTORY
Please check the correct answer following each question:

A. HEAD
1. Did you ever have spasms or convulsions as an infant?  Yes___ No___
2. Have you ever had a seizure, convulsion fit or epileptic attack?  Yes___ No___
3. Have you ever been diagnosed with a concussion (with /without loss of consciousness)?  Yes___ No___
   1. How many times have you been diagnosed with a concussion?________________________
   2. When was your last concussion?____________________
   3. Did this occur while participating in athletics? Yes___ No___
      If yes, which sports:________________________
   4. Were you seen by a physician? Yes___ No___
   5. How long after suffering a concussion were you allowed to participate in athletics again?
      Please Describe:________________________
   6. When were you allowed to return to participation with no restrictions?__________

4. Have you had loss of consciousness/been knocked out?  Yes___ No___
   1. If yes, how many times____________
   2. How long were you unconscious?
      Less than 5 minute ______ Less than 15 minutes______ Over 15 minutes______

5. Have you passed out, fainted, or blacked out?  Yes___ No___

6. Have you been hospitalized for a head injury?  Yes___ No___

7. Have you ever had, or has it been suggested that you should have, a brain wave test (EEG or Electroencephalogram)?  Yes___ No___

8. Have you ever had, or has it been suggested that you have, a skull X-Ray or brain scan, CT Scan, or MRI done?  Yes___ No___

9. Have you ever had an injury with concussion like symptoms that you did not report?  Yes___ No___
   If yes please describe:________________________

10. Have you ever had a skull fracture?  Yes___ No___

11. Have you ever had amnesia (loss of memory) following a head injury?  Yes___ No___

12. Do you now, or have you ever, suffered from frequent headaches?  Yes___ No___

13. Have you ever had blurred or double vision?  Yes___ No___

14. Have you ever been baseline tested?  Yes___ No___
   If yes, please circle any test you have taken:
      Baseline Symptoms Sheet SCAT ImPACT Other:__________

15. Has it ever been recommended that you do not participate in athletic related activity?  Yes___ No___

B. EYES
1. Have you ever been told you had a lazy eye?  Yes___ No___

2. Do you have an absence of one eye?  Yes___ No___

3. Do you have diminished or abnormal vision?  Yes___ No___

4. Do you normally wear glasses?  Yes___ No___

5. Do you wear contact lenses?  Yes___ No___
   If yes, hard or soft? __________ Contacts fitted by:__________

Medical History
Updated: 5/14/2018
6. Last seen by doctor for vision check?__________________________

7. Have you ever had an eye injury?  
Yes__  No__

8. Have you ever had eye surgery?  
Yes__  No__

C. EARS  
1. Do you have any defect of hearing?  
Yes__  No__

2. Do you have any drainage?  
Yes__  No__

3. Do you have any ringing in your ears?  
Yes__  No__

4. Have you ever had an ear injury or ear surgery?  
Yes__  No__

D. NOSE  
1. Do you have frequent nose bleeds?  
Yes__  No__

2. Have you ever broken your nose?  
Yes__  No__

3. If broken, did you have surgery?  
Yes__  No__

4. Have you had difficulty breathing through your nose?  
Yes__  No__

E. DENTAL AND THROAT  
1. Do you have any false teeth or plates?  
Yes__  No__

2. Have you fractured a tooth?  
Yes__  No__

3. Have you had a tooth knocked out?  
Yes__  No__

4. Have you had more than one tooth knocked out?  
Yes__  No__

5. Did you miss practice because of the injury?  
Yes__  No__

6. Dentist last seen: Name__________________  Month______  Year___________

7. Wisdom teeth?  
In__  Out__

F. MUSCULOSKELETAL  
a. Dislocations  
1. Have you ever dislocated a joint?  
Yes__  No__

2. Please check involved area or areas:  
Shoulder (L)_____  (R)_____  Finger (L)_____  (R)_____  Knee (L)_____  (R)_____  
A-C Separation (L)_____  (R)_____  Hip (L)_____  (R)_____  Ankle (L)_____  (R)_____  
Elbow (L)_____  (R)_____  Patella (L)_____  (R)_____  Other__________________________

3. Has the dislocation occurred more than once?  
Yes__  No__

   How many times_________  Last occurrence_____________________

4. Did you see a physician with initial dislocation?  
Yes__  No__

5. Were X-Rays made?  
Yes__  No__

6. Was the involved area immobilized (put in cast splint or other immobilization?)  
Yes__  No__

7. Did you have surgery?  
Yes__  No__

8. Were you given specific exercises following the injury or surgery?  
Yes__  No__
b. Fractures
1. Have you ever had a broken bone? Yes__ No__

2. Please check the involved areas:
   - Skull
   - Ribs (R or L)
   - Hand (R or L)
   - Lower Leg (R or L)
   - Face
   - Clavicle (R or L)
   - Wrist (R or L)
   - Ankle (R or L)
   - Nose
   - Arm (R or L)
   - Pelvis/Hip
   - Foot (R or L)
   - Neck
   - Forearm (R or L)
   - Femur (R or L)
   - Other

3. Was the fracture a result of organized participation in athletics? Yes__ No__
   What sport?_____________________

4. Was your athletic performance altered following injury? Yes__ No__

5. Do you have any residual defect as a result of the fracture? Yes__ No__

c. Muscle
1. Have you ever had a bad “muscle pull” or strain? Yes__ No__
   What muscle?_____________________

2. How much time did you miss from practice?
   - Less than 2 days
   - Less than 1 week
   - More than 1 week

3. Did the injury re-occur? Yes__ No__

4. Did the muscle strain occur initially:
   - Before high school
   - During high school
   - During college


d. Myositis Ossificans Traumatic
1. Have you ever had calcium form in a muscle following a bad bruise? Yes__ No__
   - Right
   - Left

2. How much time did you miss from practice?_____________________

3. Was the calcium surgically removed? Yes__ No__

4. Do you still have trouble as the result of this injury? Yes__ No__

e. Neck
1. Have you ever had a neck injury? Yes__ No__

2. Have you ever had a fractured neck or spine? Yes__ No__

3. Have you ever sustained a neck injury while playing organized sports? Yes__ No__

4. Did you have numbness, burning, or sharp pain in your arms or hands? Yes__ No__

5. Did you see a physician? Yes__ No__

6. Were X-Rays made? Yes__ No__

7. Were you in a hospital or infirmary? Yes__ No__

8. How long did you miss practice following injury?
   - Less than 2 days
   - Less than 1 week
   - More than 1 week

9. Have you ever had a pinched nerve? Yes__ No__

10. Have you ever worn a "horse collar" because of neck injury? Yes__ No__

11. Did the collar reduce the incidence of neck injury? Yes__ No__

12. Have you ever been taught to "spear" with your head when you tackle and block? Yes__ No__
f. Spine
1. Have you ever injured your back? Yes__ No__
2. Have you injured your back more than once? Yes__ No__
3. When did you first have back trouble?
   - Before high school _____ During high school _____ During college _____
4. Did you see a physician? Yes__ No__
5. Were X-Rays made? Yes__ No__
6. Did you have back surgery? Date __________
   - Name of surgeon & orthopedic office ______________________________
   - What was repaired? ______________________________
7. How long did you miss practice? Less than 2 days _____ Less than 1 week _____ More than 1 week _____
8. Were you ever told that you have a spinal defect that has been present since birth? Yes__ No__
9. Were you given specific back exercises following surgery or injury? Yes__ No__
10. Do you have frequent back pain? Yes__ No__

g. Shoulder
1. Does your shoulder ever give away? Yes__ No__
   - Does your shoulder feel unstable? Yes__ No__
   - Does your shoulder hurt following activity? Yes__ No__
2. Have you had a significant shoulder injury? (L) _______ (R) _______
3. When did you first injure your shoulder?
   - Before high school _____ During high school _____ During college _____
4. Did you see a physician? Yes__ No__
5. Did you have X-rays or an MRI done? Yes__ No__
6. Did you have shoulder surgery? Date __________
   - Name of surgeon & orthopedic office ______________________________
   - What was repaired? ______________________________
7. Were you given specific shoulder exercises following surgery or injury? Yes__ No__
8. How long did you miss practice? Less than two days _____ Less than one week _____ More than one week _____
9. Have you had significant injuries to both shoulders? Yes__ No__
10. Have you had surgery on either shoulder more than once? Yes__ No__
11. If you’ve previously injured your shoulder, was it properly treated? Yes__ No__

h. Elbow
2. Have you had a significant elbow injury? (L) _______ (R) _______
3. When did you first injure your elbow?
   - Before high school _____ During high school _____ During college _____
4. Did you see a physician? Yes__ No__
5. Did you have X-rays or an MRI done? Yes__ No__
6. Did you have elbow surgery? Date __________
   Name of surgeon & orthopedic office ____________________________
   What was repaired? ____________________________
7. Were you given specific elbow exercises following surgery or injury? Yes__ No__
8. How long did you miss practice?
   Less than two days ______ Less than one week ______ More than one week ______
9. Have you had significant injuries to both elbows? Yes__ No__
10. Have you had surgery on either elbows more than once? Yes__ No__
11. If you’ve previously injured your elbow, was it properly treated? Yes__ No__

i. Wrist/Hand/Finger
1. Have you ever had a wrist/hand/finger problem or injury? (R) ______ (L) ______
   What type of problem? ____________________________
2. Did you see a physician? Yes__ No__
3. Did you have X-rays or an MRI done? Yes__ No__
4. Have you had wrist/hand/finger surgery? Yes__ No__
5. If you’ve previously injured your wrist, hand or finger, was it properly treated? Yes__ No__

j. Hip
1. Does your hip ever give away? Yes__ No__
   Does your hip feel unstable? Yes__ No__
   Does your hip hurt following activity? Yes__ No__
2. Have you had a significant hip injury? (L) ______ (R) ______
3. When did you first injure your hip?
   Before high school ______ During high school ______ During college ______
4. Did you see a physician? Yes__ No__
5. Did you have X-rays or an MRI done? Yes__ No__
6. Did you have hip surgery? Date __________
   Name of surgeon & orthopedic office ____________________________
   What was repaired? ____________________________
7. Were you given specific hip exercises following surgery or injury? Yes__ No__
8. How long did you miss practice?
   Less than two days ______ Less than one week ______ More than one week ______
9. Have you had significant injuries to both hips? Yes__ No__
10. Have you had surgery on either hip more than once? Yes__ No__
11. If you’ve previously injured your hip, was it properly treated? Yes__ No__
**k. Knee**

1. Do you have occasional swelling of the knee? Yes__ No__
   - Does your knee ever lock up? Yes__ No__
   - Does your knee ever give away? Yes__ No__
   - Does your knee feel unstable? Yes__ No__
   - Does your knee hurt following activity? Yes__ No__

2. Have you had a significant knee injury? (L)____ (R)____

3. When did you first injure your knee?
   - Before high school____ During high school____ During college____

4. Did you see a physician? Yes__ No__

5. Did you have an MRI or X-rays completed? Yes__ No__

6. Did you have knee surgery? Date________
   - Name of surgeon & orthopedic office __________________________
   - What was repaired? _________________________________________

7. Were you given specific knee exercises following surgery or injury? Yes__ No__

8. How long did you miss practice?
   - Less than two days_____ Less than one week_____ More than one week____

9. Have you had significant injuries to both knees? Yes__ No__

10. Have you had surgery on either knee more than once? Yes__ No__

11. If you’ve previously injured your knee, was it properly treated? Yes__ No__

**l. Ankle**

1. Does your ankle ever give away? Yes__ No__
   - Does your ankle feel unstable? Yes__ No__
   - Does your ankle hurt following activity? Yes__ No__

2. Have you ever injured your ankle? (R)____ (L)____

3. When did you first injure your ankle?
   - Before high school____ During high school____ During college____

4. Did you see a physician? Yes__ No__

5. Did you have X-rays or an MRI done? Yes__ No__

6. Did you have ankle surgery? Date________
   - Name of surgeon & orthopedic office __________________________
   - What was repaired? _________________________________________

7. Were you given specific ankle exercises following surgery or injury? Yes__ No__

8. How long did you miss practice?
   - Less than two days_____ Less than one week_____ More than one week____

9. When first injured, was your ankle taped? Yes__ No__

10. Did you have any immobilization? Yes__ No__
11. Have you had recurrent sprains of the ankle?  
Yes__ No__

12. At present, do you always tape or wrap your ankles?  
Yes__ No__

13. Have you had significant injuries to both ankles?  
Yes__ No__

14. Have you had surgery on either ankles more than once?  
Yes__ No__

15. If you’ve previously injured your ankle, was it properly treated?  
Yes__ No__

**m. Foot or Toe**

1. Have you ever had a foot problem? (R)____ (L)____  
Yes__ No__

2. What type of problem?____________________________________

3. Did you see a physician?  
Yes__ No__

   Was surgery required?  
Yes__ No__

4. Do you wear arch supports or orthotics?  
Yes__ No__

   What type:______________________________________________

5. Have you ever had a toe problem or injury?  
Yes__ No__

   Please describe:_________________________________________

**G. CARDIAC**

**Do you have or have you ever had?**

1. High blood pressure  
Yes__ No__  5. Palpitation or flutter of heart  
Yes__ No__

2. Any disease of the valves of the heart  
Yes__ No__  6. Heart Murmur  
Yes__ No__

3. Any congenital heart disease present since birth  
Yes__ No__  7. Shortness of breath at rest  
Yes__ No__

4. Abnormal heart rate  
Yes__ No__  8. Frequent cough  
Yes__ No__

9. Chest pressure with exertion  
Yes__ No__

**H. GENITOURINARY**

1. Absence of one kidney  
Yes__ No__  4. Blood in urine  
Yes__ No__

2. Frequent urinary infection  
Yes__ No__  5. Sexually Transmitted Disease  
Yes__ No__

3. Kidney stone  
Yes__ No__

**For Males Only:**

A. Do you have absence of either testicle?  
Yes__ No__  B. Is one testicle much smaller than the other?  
Yes__ No__

**For Females Only:**

A. Have you ever had an injury to your breasts?  
Yes__ No__  F. How long do your periods typically last? ________ days

B. Have you ever had surgery on your breasts?  
Yes__ No__  G. How often do you have a period? Every______ days

C. Have you ever had surgery on your ovaries or uterus?  
Yes__ No__  H. Are your periods painful?  
Yes__ No__

D. Do you have both of your ovaries?  
Yes__ No__  I. Do you notice any clotting?  
Yes__ No__

E. When was your last menstrual period?__________

J. Do you use any contraceptives?  
Yes__ No__  K. Do you have any recurrent gynecological infections?  
Yes__ No__

**I. GASTROINTESTINAL**

1. Frequent diarrhea  
Yes__ No__  6. Liver infection (hepatitis)  
Yes__ No__

2. Frequent nausea  
Yes__ No__  7. Jaundice  
Yes__ No__
3. Frequent constipation  Yes___ No___ 8. Enlarged spleen  Yes___ No___
4. Ulcer disease Yes___ No___ 9. Ruptured spleen Yes___ No___
5. Pre-game stress Yes___ No___ (Nausea, vomiting) 10. Hernia Yes___ No___

J. SKIN
1. Frequent boils Yes___ No___ 4. "Jock itch" Yes___ No___
2. Severe acne Yes___ No___ 5. Herpes Yes___ No___
3. Athletes’ foot Yes___ No___ 6. Staphylococcus/MRSA Yes___ No___

K. MISCELLANEOUS DISEASE
1. Diabetes Yes___ No___ 10. Infectious mononucleosis Yes___ No___
2. Cancer Yes___ No___ 11. Scarlet fever Yes___ No___
3. Polio Yes___ No___ 12. Tuberculosis Yes___ No___
4. Measles Yes___ No___ 13. Epilepsy Yes___ No___
5. Frequent strep throat Yes___ No___ 14. Abnormal bleeding tendency Yes___ No___
6. Seasonal allergy Yes___ No___ 15. Frequent sinus infection Yes___ No___
7. Abnormal bruising Yes___ No___ 16. Sickle Cell Yes___ No___
8. Hepatitis Yes___ No___ 17. Food allergy Yes___ No___
9. Asthma Yes___ No___ 18. Drug allergy Yes___ No___

L. SURGERY
1. Appendectomy Yes___ No___ 3. Hernia repair Yes___ No___
2. Tonsillectomy Yes___ No___ 4. Other surgery: ________________

M. HEAT DISORDER
1. Have you ever had trouble with dehydration (excess loss of salt or water)? Yes___ No___
2. Have you ever had heat exhaustion? Yes___ No___
3. Have you ever had a heat stroke? Yes___ No___
4. Were you hospitalized? Yes___ No___
5. How long did you miss practice? Less than 2 days_____ Less than 1 week_____ More than 1 week_____

N. IMMUNIZATIONS
1. Have you been immunized against tetanus? Yes___ No___
2. Have you been immunized against the flu? Yes___ No___
3. Have you been immunized against Hepatitis B? Yes___ No___

O. DRUG, FOOD SUPPLEMENTS, AND MISCELLANEOUS AGENTS
Check the appropriate space according to your use of the following item
1. Vitamin Yes___ No___ 6. Alcoholic Beverages Yes___ No___
2. Stimulants Yes___ No___ 7. Anabolic agents Yes___ No___ (Benzedrine, amphetamine) (Growth stimulants or hormones)
3. Cigarettes Yes___ No___ 8. Weight loss products Yes___ No___
4. Smokeless tobacco Yes___ No___ 9. Nutritional supplements Yes___ No___
5. Sleeping pills Yes___ No___ 10. ADD/ADHD Yes___ No___
P. MENTAL FITNESS
1. Have you ever been treated for:
   A) Psychiatric/psychological condition  Yes ___ No ___
   B) depression or attempted suicide  Yes ___ No ___
   C) anorexia or bulimia  Yes ___ No ___
   D) drug/alcohol addiction  Yes ___ No ___
2. Are you currently on medications for any mental illness?  Yes ___ No ___
   If yes, please list medications: ______________________________________________________
3. Do you see any possibility of any need for counseling in the future?  Yes ___ No ___
Q. Miscellaneous
1. Do you currently have any medical condition which would affect your participation
   In athletics at Gardner-Webb University?  Yes ___ No ___
   If yes, please explain: _______________________________________________________________
   ______________________________________________________________

To the best of my knowledge the answers to the questions in this questionnaire are true.
Signature ___________________________  Date __________
Gardner-Webb University Athletic Training
Mental Health Survey

In addition to being concerned about your physical well-being, we want to be able to address issues related to your mental health. Please complete the following surveys related to your overall mental. Your sport specific athletic trainer may follow up with you in regards to questions related to your mental health based on your answers. Please feel free to schedule time with your sport specific athletic trainer should you have additional questions or concerns.

Mental Health Survey
Please circle your response

1. I often have trouble sleeping ................................................................. Yes or No
2. I wish I had more energy most days of the week ........................................ Yes or No
3. I think about things over and over .......................................................... Yes or No
4. I feel anxious and nervous much of the time ............................................. Yes or No
5. I often feel sad or depressed ................................................................. Yes or No
6. I struggle with being confident .............................................................. Yes or No
7. I don’t feel hopeful about the future ....................................................... Yes or No
8. I have a hard time managing my emotions (frustration, anger, impatience) .... Yes or No
9. I have feelings of hurting myself or others ............................................. Yes or No

Please rate the occurrence over the past 2 weeks
None or little of the time=0, Some of the time=1, Most of the time=2, All of the time=3

1. Feeling low in energy, slowed down..........................................................0 1 2 3
2. Blamed yourself for things........................................................................0 1 2 3
3. Had poor appetite ....................................................................................0 1 2 3
4. Had difficulty falling asleep, staying asleep ............................................0 1 2 3
5. Feeling hopeless about the future ............................................................0 1 2 3
6. Feeling blue............................................................................................0 1 2 3
7. Feeling no interest in things .....................................................................0 1 2 3
8. Feelings of worthlessness..........................................................................0 1 2 3
9. Through about or wanted to commit suicide ........................................0 1 2 3
10. Had difficulty concentrating or making decisions..................................0 1 2 3

Disordered Eating Survey
Please circle your response

1. Do you make yourself sick because you feel uncomfortably full? ....................... Yes or No
2. Do you worry that you have lost control over how much you eat? ...................... Yes or No
3. Have you recently lost more than 15 pounds in a three-month period? .............. Yes or No
### Disordered Eating Survey Continued

4. Do you believe yourself to be fat when others say you are thin? ................................................................. Yes or No  
5. Would you say food dominates your life? ................................................................. Yes or No

### Anxiety Survey

**Please rate the occurrence over the past month, including today**  
**Not at all=0, Didn’t bother me much=1, Wasn’t pleasant at times=2, It bothered me a lot=3**

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<td>1. Numbness or tingling</td>
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<td>2. Feeling hot</td>
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<td>4. Unable to relax</td>
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<td>5. Fear of worst happening</td>
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<td>6. Dizzy or lightheaded</td>
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<td>7. Heart pounding/racing</td>
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<td>9. Terrified or afraid</td>
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<td>11. Feeling of choking</td>
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<td>13. Shaky/unsteady</td>
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<td>14. Fear of losing control</td>
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<td>15. Difficulty breathing</td>
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<td>16. Fear of dying</td>
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<td>17. Scared</td>
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<td>18. Indigestion</td>
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<td>19. Faint/lightheaded</td>
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<td>20. Face flushed</td>
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<td>21. Hot/cold sweats</td>
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The **Gardner-Webb University Counseling Center** is available to provide any academic, emotional, social and vocational support, as well as mental health consultation to students. All services provided are confidential and no information will be given to others without the consent of the individual. The GWU Counseling Center is located in Tucker Student Center and is open for appointments, Monday-Friday, 8:00 a.m.–5:00 p.m., and can be reached at (704) 406-4563.
Dear Student Athlete,

The intent of this form is to inform you of the medical recommendations should you become pregnant while participating in intercollegiate athletics.

Shelby Women’s Clinic presently provides health care to Gardner-Webb University’s female student-athletes. The following statement is the recommendation to all female student-athletes from Shelby Women’s Clinic along with the athletic training staff at GWU. After the twelfth week of gestation (pregnancy), the uterus begins to enlarge above the pelvic brim, leaving the fetus vulnerable to trauma. Because of this risk, it is our recommendation that the student-athlete no longer participate in sports after this time until after delivery. If you have a signed statement from your personal physician stating otherwise, please present this to the athletic training department and/or team physician.

GWU will not be held liable for any problems occurring during pregnancy in regards to athletic participation. If you have any questions or problems, please feel free to contact the athletic training office or Shelby Women’s Clinic (704-487-5258).

_______________________________________  ________________
Student Name               /             Parents Name              Date

_______________________________________  ________________
Witness                          ________________

IF YOU ARE UNDER 18 PARENTS MUST SIGN

_______________________________________  ________________
Parent Signature               Date
GARDNER-WEBB UNIVERSITY
Department of Athletics
Substance Abuse Education and Testing Policy

MISSION

The following policy statement has been adopted and shall be administered by the Gardner-Webb University Athletic Department. Gardner-Webb University reserves the right to make changes to this policy as needed, and this policy should not be construed to create a contract between the student-athlete and Gardner-Webb University. Please note, this policy represents the Gardner-Webb University substance abuse/testing policy, which is separate and distinct from the NCAA drug-testing program (including all sanction phases). Information regarding the NCAA drug-testing program is available at www.ncaa.org.

Gardner-Webb University is committed to Christian higher education and is concerned with the health, safety and welfare of the student-athletes who participate in its programs and represent the university in competitive athletics. Substance abuse is one of the most important issues facing athletics and society today. The use of illegal drugs, misuse of legal drugs and dietary supplements, use of performance-enhancing substances, use of alcohol and inappropriate use of tobacco are inconsistent with the standards expected of student-athletes at Gardner-Webb University. Substance use and abuse in sport can pose risks to a student-athlete’s health/safety and negatively affect his/her academic and athletic performance. Substance use and abuse in sport may also compromise the integrity of athletic competition and the ideals of Gardner-Webb University.

For the purposes of this policy, “student-athlete” shall mean any student at Gardner-Webb University who participates in the University’s Intercollegiate Athletics as a cheerleader, athletic training student or is a student-athlete listed on the official squad list.

PURPOSE

The purpose of the substance abuse education and testing policy at Gardner-Webb University is to educate student-athletes on substance abuse and to deter that use among Gardner-Webb’s student-athletes. The basic purposes are:

1) To educate student-athletes and athletics staff with accurate information about the problems associated with substance use in sport, promoting health and safety in sport;

2) To provide a deterrent effect against prohibited substances through the administration of drug testing;

3) To identify student-athletes in need of treatment and rehabilitation and to facilitate professional referral for such; and

4) To identify and possibly eliminate chronic users in order to maintain the integrity of the Intercollegiate Athletics Program.

Working in cooperation with the Vice President and Dean for Student Development’s office and local health officials, the Intercollegiate Athletics Department will provide educational programs, as well as current drug research for each of the athletic teams.
DRUG TESTING ACKNOWLEDGMENT AND CONSENT FORM

As a condition of participation in intercollegiate athletics at Gardner-Webb University, each student-athlete will be required to sign a consent form agreeing to undergo drug testing and authorizing release of test results in accordance with this policy (See Appendix A). Failure to consent to or to comply with the requirements of this policy will result in being denied the privilege of participating in intercollegiate athletics at Gardner-Webb University. Each student-athlete annually will be given a copy of the Substance Abuse Education and Testing Policy and will be required to participate in an informative session describing alcohol, tobacco and other drug education and testing policies. Additionally, student-athletes will be given an opportunity to ask any questions regarding the information contained in the policy, the testing program, or other related issues prior to signing the drug-testing consent form.

ALCOHOL, TOBACCO, DIETARY SUPPLEMENTS, AND OTHER PROHIBITED SUBSTANCES

University Alcohol and Drug Policy
The policies listed below apply to the Gardner-Webb campus and all University sponsored events at off campus locations. Administrators, alumni, faculty, guests, staff, and students must adhere to all applicable federal, state, and local law and University regulations related to the sale and use of alcoholic beverages and drugs. Any person found in possession of felony drugs, or manufacturing or selling of alcoholic beverages or drugs on the university campus or at University sponsored events will be referred to University Police for prosecution. Any student or employee convicted of violation of state and local law may be subject to suspension from the University.

Gardner-Webb University supports and is fully committed to the concept of a drug and alcohol free campus community. In order to comply with the Drug-Free Schools and Communities Act Amendments of 1989, Gardner-Webb publishes the following and makes it available to each student and to all employees. The unlawful manufacture, distribution, dispensing, possession or use of controlled substances such as, but not limited to, the following:

Narcotics (heroin, morphine, etc.)
Cannabis (marijuana, hashish, etc.)
Stimulants (cocaine, diet pills, etc.)
Depressants (tranquilizers, etc.)
Hallucinogens (PCP, LSD, designer drugs, etc.)
Designer (MDA, MDA-known as ecstasy, ice, etc.)

Alcohol is prohibited by students, employees, and guests on Gardner-Webb University’s property or as any part of the University’s activities. As a condition of enrollment, Gardner-Webb University students and employees will abide by these terms.

Gardner-Webb will impose disciplinary sanctions on students and employees who violate the terms of paragraph one. Upon conviction, the appropriate disciplinary action, up to and including expulsion from the University and/or satisfactory participation in a drug and alcohol abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or local health, law enforcement, or other appropriate agency will be taken. More specific penalties are outlined in the following publications: Gardner-Webb University Student Handbook, Gardner-Webb University Special Studies Bulletin, Gardner-Webb University Graduate catalog and Gardner-Webb Personnel Policies manual. Violations may also be referred to the appropriate civil
authorities for prosecution under local, state, and federal law. Local, state, and federal laws prohibit the unlawful possession, and distribution of illicit drugs and alcohol. The applicable legal sanctions for various offenses are listed in the North Carolina Criminal Law and Procedure book, a reference copy maintained in the University Police Office. A booklet describing the health risks associated with the illicit drugs and abuse of alcohol is made available to all students and employees at the University’s Counseling Center. Additional information and individual counseling is available through the University’s Counseling Center. If necessary and at the student/employees expense, referral can be made to an outside agency. Violation of subsection (a1) of this section shall be an infraction and shall not be considered a moving violation for purposes of G.S.20-16 (c) The law prohibiting passengers in a motor vehicle from possessing an open container of alcoholic beverage in the passenger area of a motor vehicle.

**Tobacco**
The use of tobacco products is prohibited by all game personnel (e.g. coaches, student-athletes, athletic trainers, managers and game officials) in all sports during practice and competition.

**Dietary Supplements**
Many dietary supplements or ergogenic aids contain banned substances. Oftentimes the labeling of dietary supplements is not accurate and is misleading. Terms such as “healthy” or “all natural” do not mean dietary supplements do not contain a banned substance or are safe to take. Using dietary supplements may cause positive drug tests. Student-athletes who are currently taking dietary supplements or intend to take any are required to review the product with their team physician, certified athletic trainer or other qualified professional(s). Student-athletes are solely responsible for any substance that they ingest. All student-athletes are encouraged to use Drug Free Sport Axis to obtain current and accurate information on dietary supplements or ergogenic aids. All inquiries to the Drug Free Sport Axis are confidential. Drug Free Sport Axis may be accessed at https://dfsaxis.com/users/login (Password: NCAA1). In addition, information is available at www.healthycompetition.com.

**Prohibited Drugs and Substances**
The drug and/or alcohol screening process may include analysis of, but is not limited to, the NCAA list of banned-drug classes (See Appendix B). For an ongoing updated listing of the banned-drug list view the NCAA’s web site at www.ncaa.org. Prohibited substances that Gardner-Webb University may screen for include, without limitation, marijuana, PCP, opiates, MDMA (Ecstasy), amphetamines, cocaine, flunitrazepam (Rohypnol) and anabolic steroids. Gardner-Webb University requires that all student-athletes keep the athletic training staff and/or team physician aware of any prescribed drugs and dietary supplements that he or she may be taking. Gardner-Webb University reserves the right to test for substances not contained on the NCAA banned-drug list and may test at cut off levels that differ from the NCAA program.
TYPES OF DRUG TESTING

1) Unannounced Random Testing
All student-athletes who have signed the institutional drug-testing consent form and are listed on the institutional squad list are subject to unannounced random testing. Students listed on the squad list that have exhausted their eligibility or who have had a career-ending injury will not be selected for testing. The Vice President for Athletics or his/her designee will select student-athletes from the official institutional squad lists by using a computerized random number program.

2) Pre-season Screening
Student-athletes are subject to pre-season drug testing and may be notified of such by the Vice President for Athletics or his/her designee at any time prior to their first competition.

3) Reasonable Suspicion Screening
A student-athlete may be subject to testing at any time when the Vice President for Athletics or his/her designee determines there is individualized reasonable suspicion to believe the participant is using a prohibited drug. Such reasonable suspicion may be based on objective information as determined by the Vice President for Athletics or by a Head Coach, Assistant Coach, Assistant Athletic Director for Athletic Training, Assistant Athletic Trainer, or Team Physician, and deemed reliable by the Vice President for Athletics or his/her designee. Reasonable suspicion may include, without limitation, 1) observed possession or use of substances appearing to be prohibited drugs, 2) arrest or conviction for a criminal offense related to the possession or transfer of prohibited drugs or substances, or 3) observed abnormal appearance, conduct or behavior reasonably interpretable as being caused by the use of prohibited drugs or substances. Among the indicators which may be used in evaluating a student-athlete’s abnormal appearance, conduct or performance are: class attendance, significant GPA changes, athletic practice attendance, increased injury rate or illness, physical appearance changes, academic/athletic motivational level, emotional condition, mood changes, and legal involvement. If suspected, the Vice President for Athletics or his/her designee will notify the student-athlete and the student-athlete must stay with a member of their coaching staff, the athletics administration staff, or the sports medicine staff, until an adequate specimen is produced. Note: The possession and/or use of illegal substances may be determined by means other than urinalysis. When an individual is found to be in possession and/or using such substances, he/she will be subject to the same procedures that would be followed in the case of a positive.

4) Postseason/Championship Screening
Any participant or team likely to advance to post-season championship competition may be subject to additional testing. Testing may be required of all team members or individual student-athletes at any time within thirty (30) days prior to the post-season competition. If a student-athlete tests positive, he or she will not be allowed to compete at the post-season event and will be subject to the sanctions herein.
5) **Re-entry Testing**
A student-athlete who has had his or her eligibility to participate in intercollegiate sports suspended as a result of a drug and/or alcohol violation, may be required to undergo re-entry drug and/or alcohol testing prior to regaining eligibility. The Vice President for Athletics or his/her designee shall arrange for re-entry testing after the counselor or specialist involved in the student-athlete’s case indicates that re-entry into the intercollegiate sports program is appropriate.

6) **Follow-up Testing**
A student-athlete who has returned to participation in intercollegiate sports following a positive drug test under this policy may be subject to follow-up testing. Testing will be unannounced and will be required at a frequency determined by the Vice President for Athletics or his/her designee in consultation with the counselor or specialist involved in the student-athlete’s case.

**SELECTION AND NOTIFICATION FOR TESTING**

**Selection**
1) Selection of student-athletes may be performed through computer-generated random selections or because of reasonable suspicion of substance use. In addition, student-athletes may be selected for testing prior to participation in intercollegiate sport or prior to participation in post-season (championship) competition. Student-athletes may also be selected for drug testing for re-entry purposes or follow-up testing after a positive test result.

2) The student-athletes will be selected from an institutional squad list provided by the Head Coach of their respective sport.

3) The site coordinator will be notified of the selection list no later than two days before the test date.

4) The drug-testing program is in effect throughout the calendar year including the summer.

**Notification**
1) All student-athletes to be tested will be notified by their Head Coach and/or Athletic Trainer on the day they are to be tested, and of the designated time and place to report.

2) The student-athlete will be contacted by phone or in person.

**COLLECTION PROCEDURES**

Specimen collection will be based on the National Center for Drug Fee Sport Urine Collection Protocol who is a company devoted to preventing drug abuse in athletics.
Upon entering the collection station, the student-athlete will provide photo identification and/or a client representative/site coordinator will identify the student-athlete and the student-athlete will officially enter the station.

The student-athlete will select a sealed collection beaker from a supply of such and will record his/her initials on the collection beaker’s lid.

A collector, serving as validator, will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen until a volume of at least 50 mL is provided (85-100 mL if testing for anabolic steroids – depending on which steroid panel is selected).

Validators who are of the same gender as the student-athlete must observe the voiding process and should be members of the official drug-testing crew. The procedure does not allow for validators to stand outside the immediate area or outside the restroom. The student-athlete must urinate in full view of the validator (validator must observe flow of urine). The validator must request the student-athlete raise his/her shirt high enough to observe the midsection area completely and drop their shorts/pants (including underwear) ruling out any attempt to manipulate or substitute a sample.

Student-athletes may not carry any item other than his/her beaker into the restroom when providing a specimen. Any problem or concern should be brought to the attention of the collection crew chief or client representation for documentation. Student-athletes are encouraged to wash (without soap) and dry hands prior to and following urination.

Once a specimen is provided, the student-athlete is responsible for keeping the collection beaker closed and controlled.

Student-athletes who have difficulty voiding can drink eight ounces of fluid every 30 minutes (approved by the collector) and consumed in the station. These items must be caffeine- and alcohol-free and free of any other banned substances.

If the specimen is incomplete, the student-athlete must remain in the collection station until the sample is completed. During this period, the student-athlete is responsible for keeping the collection beaker closed and controlled. Student-athletes can (and should) be released to go to class but must make arrangements of when to return.

If the specimen is incomplete and the student-athlete must leave the collection station for a reason approved by the collector, specimen must be discarded.

Upon return to the collection station, the student-athlete will begin the collection procedure again.

Once an adequate volume of the specimen is provided, the collector who monitored the furnishing of the specimen by observation will sign that the specimen was directly validated and a collector will check the specific gravity in the presence of the student-athlete.

If the urine has a specific gravity below 1.005 (1.010 if measured with a reagent strip), the specimen will be discarded by the student-athlete. The student-athlete must remain in the collection station until another specimen is provided. The student-athlete will provide another specimen.
13. If the urine has a specific gravity above 1.005 (1.010 if measured with a reagent strip) the specimen will be processed and sent to the laboratory.

14. The laboratory will make final determination of specimen adequacy.

15. If the laboratory determines that a student-athlete’s specimen is inadequate for analysis, at the client’s discretion, another specimen may be collected.

16. If a student-athlete is suspected of manipulating specimens (e.g., via dilution), the client will have the authority to perform additional tests on the student-athlete.

17. Once a specimen has been provided that meets the on-site specific gravity, the student-athlete will select a specimen collection kit and a uniquely numbered Chain of Custody Form from a supply of such.

18. A collector will record the specific gravity and pH values.

19. The collector will pour a minimum of 35 mL of the specimen into the “A vial” and the remaining amount (a minimum of 15 mL) into the “B vial” (another A=35 mL, B=15 mL in a second split sample kit or A=35 mL for a single sample for anabolic steroid testing, which will be shipped to a WADA accredited laboratory) in the presence of the student-athlete.

20. The collector will place the cap on each vial in the presence of the student-athlete; the collector will then seal each vial in the required manner under the observation of the student-athlete and witness (if present).

21. Vials and forms (if any) sent to the laboratory shall not contain the name of the student-athlete.

22. All sealed specimens will be secured in a shipping case. The collector will prepare the case for forwarding.

23. The student-athlete, collector and witness (if present) will sign certifying that the procedures were followed as described in the protocol. Any deviation from the procedures must be described and recorded. If deviations are alleged, the student-athlete will be required to provide another specimen.

24. After the collection has been completed, the specimens will be forwarded to the laboratory and copies of any forms forwarded to the designated persons.

25. The specimens become the property of the client.

26. If the student-athlete does not comply with the collection process, the collector will notify the client representative/site coordinator and third party administrator responsible for management of the drug-testing program.

27. On occasion, a client may choose to test using a single specimen kit. The collector will follow the split specimen procedures up to the point where the student-athlete selects a sealed kit. With a single specimen kit, the collector will instruct the student-athlete to provide at least 40 mL of urine allowing for a 5 mL pour-off to measure specific gravity. A single A vial will be processed and transported to the laboratory for analysis.
**TEST RESULTS**

Urine samples will be collected and sent to an independent SAMHSA or WADA accredited laboratory for analysis. Each sample will be tested to determine if banned drugs or substances are present. If the laboratory reports a specimen as substituted, manipulated or adulterated, the student-athlete will be deemed to have refused to submit to testing and treated as if the test were positive for a banned substance. Utilizing a split sample procedure, the laboratory will screen for prohibited drugs from the A vial. If the sample screens positive, the laboratory will confirm the result from the A vial. All negative specimens will be discarded and a negative report returned to the Assistant Athletic Director for Athletic Training at Gardner-Webb University. If there is confirmation of a positive result, the results will be reported to the Assistant Athletic Director for Athletic Training, who will then share the results with the student-athlete, Team Physician, the Vice President for Athletics, The President of the University, and the appropriate Head Coach.

Should the student-athlete request a second confirmation, then the same laboratory will utilize the securely frozen B vial for such. **PLEASE NOTE – if a student-athlete tests positive for a prescription medication (i.e. codeine) and cannot show proof of a prescription for a documented and legitimate medical reason from a licensed physician, then they will follow the same consequences as any other positive.**

**FAILURE TO REPORT**

A student-athlete who fails to show for a drug test following notification by their Coach will be treated as a positive drug test. Extenuating circumstances may exist and each case will be reviewed on an individual basis. The student-athlete is strongly encouraged to notify the Assistant Athletic Director for Athletic Training or another full-time member of the Athletic Training Staff if problems arise after being notified to report.

**SANCTIONS**

**First Offense**

Upon the confirmation of a positive drug test, the following will occur.

1) The student-athlete must schedule evaluation and counseling sessions with the Director of the Counseling Center within 72 hours of being notified of a positive test.

2) The student-athlete will be suspended from 10 percent of the allowable dates of competition for the traditional season as determined by the NCAA Division I Manual. When 10 percent of a season equals a partial number of games, that number will be rounded up to the next, whole number of games. For example if 10 percent of the season equals 2.1 games, the student-athlete will miss three games.

   a. The suspension will begin with the next regular schedule contest immediately following the student-athlete being notified of a positive test result.

   b. If the positive test result occurs in the non-traditional season, the suspension will carry over into the next traditional season. Note, scrimmages and out of season competitions will not count towards the 10 percent and participation in those events are determined by the head coach.
c. If the student-athlete is injured and unable to participate, their suspension will begin after the student-athlete is cleared to participate with no restrictions.

d. The student-athlete will be required to attend all athletically related activities at the Head Coach’s discretion during this suspension, unless in a scheduled counseling session.

e. The student-athlete may participate in all practice sessions during the duration of the first offense; provided a medical evaluation supports the drug use in question does not place the student-athlete at undue risk.

3) The Intercollegiate Athletics Department reserves the right to require that the student-athlete contact their parents, explaining the positive test, what must be done to correct the situation and the possible consequences if they continue to be involved with substance abuse.

Please note that the student-athlete’s Head Coach may have penalties for a positive drug test in addition to this policy. This could include the loss of athletics financial aid as per NCAA Bylaw 15.3.4.1(c). If the Director of the Counseling Center determines that a need exists for counseling off-campus, or additional medical attention, the student-athlete will be referred, at their own expense, to a local agency. Before returning to full competition, the student-athlete must have a negative re-entry drug test administered by the University Athletic Training Staff. The student-athlete may be subject to unannounced follow-up testing at any time thereafter. Failure to successfully complete any of the sanctions for a first offense to this policy will result in a second offense to this policy and the student-athlete will be subject to the penalties listed below.

**Second Offense**
If at any time during their enrollment at Gardner-Webb a student-athlete tests positive a second time, the following applies:

1) The student-athlete will be declared ineligible, and lose their athletics grant-in-aid for one full calendar year. In compliance with institutional, conference, and NCAA rules and regulations, the institution shall inform the student-athlete in writing that he or she, upon request, shall be provided a hearing before the institutional agency making the award. NCAA Bylaw 15.3.5.1.1.

2) Counseling, arranged by the Director of the Counseling Center, will be required. If the Director of the Counseling Center feels that the student-athlete will need outside referral, this will be done at the student-athlete’s expense.

3) The student-athlete may also be subject to other appropriate sanctions placed upon them by the University’s Code of Student Conduct.

If the student-athlete would like to have his/her eligibility and/or scholarship reinstated after a second offense, they must submit a typewritten letter to the Vice President for Athletics stating their reasons for reinstatement. If the Vice President for Athletics finds this letter satisfactory, then the student-athlete will appear before a committee formed by the Vice President for
Athletics, Assistant Athletic Director for Athletic Training, Vice President and Dean for Student Development, Director of Counseling the Center and Assistant Athletic Director for Compliance. Only upon this committee’s recommendation will the student-athlete be reinstated. After testing positive, a student-athlete can be retested at any time.

**Third Offense**
A third positive test will lead to the permanent loss of athletics grant-in-aid from Gardner-Webb University. The student-athlete will be encouraged to seek outside professional counseling or medical attention at their expense.

**APPEALS PROCESS FOR A POSITIVE DRUG TEST RESULT**

1) The student-athlete may appeal a positive drug test result. If the student-athlete elects to have the B sample testing, that request must be filed with Drug Free Sport and the B Sample result provided to the institution prior to the appeal.

2) The request for a student-athlete appeal shall be submitted in writing (e.g., letter, fax, email, etc.) by the student-athlete to the Assistant Athletic Director for Athletic Training within 48 hours of notification of the student-athlete’s B sample result, if requested.

3) Every effort will be made to hear the student-athlete’s appeal before the student-athlete’s next contest if the student-athlete has completed number two listed above in a timely fashion every effort will be made.

4) Copies of the report from the laboratory that contain results from the A specimen and B specimen will be forwarded to the Assistant Athletic Director for Athletic Training.

5) Technical experts may serve as consultants to the committee (as stated on page 9) in connection with such appeals.

6) The certified athletic trainer may serve as a consultant to the committee (as stated on page 9) in appeal phone calls involving matters of collection protocol.

**ADDITIONAL INFORMATION**
Gardner-Webb University’s Athletic Training Staff requires that all student-athletes keep the Assistant Athletic Director for Athletic Training and/or Team Physician aware of any prescription medication that he/she may be taking. This is particularly important since some prescribed medicines may show up on the urinalysis. It is imperative that Gardner-Webb’s Athletic Training Staff know in advance if a student-athlete is taking any prescribed medications.

**IF YOU NEED HELP, WE ENCOURAGE YOU TO TAKE ACTION TODAY.**
2018-2019 DRUG TESTING ACKNOWLEDGMENT AND CONSENT FORM

I have read the description of the Gardner-Webb University Intercollegiate Athletics Drug Education/Screening Program. I understand the program, and freely consent to participate in it, undergo all required test and cooperate in its administration. In consideration of participation in the athletic program, I release Gardner-Webb University from any and all liability and waive any and all claims against the University arising out of the Drug Education/Screening Program, unless such claim is based on negligent or wrongful conduct by the University.

**IF YOU ARE UNDER EIGHTEEN YEARS OF AGE, THIS WAIVER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.**

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<th>Print Students Name</th>
<th>GWU ID Number</th>
<th>Social Security Number</th>
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Please Print Your Home Address

Please Print your current age: ________

________________________________
________________________________
________________________________
Gardner-Webb Athletic Training
Consent to Participate and Acknowledgment of Risk

Name:____________________      Sport:_________________          Date:____________

Assumption of Risk
1

Participation in ___________________(sport) requires an acceptance of the risk of injury. Although the risk of catastrophic injury may be remote, you should be aware that serious injury, including paralysis and even death can occur as a result of participation in intercollegiate athletics.

By your signature(s), below, you acknowledge that you accept the risk of participation in the sport of ______________________ , and give your consent to participation.

This is the____ day of ______________. 20___.

Student-Athlete’s Name:_________________________________ Date of Birth____________

Student-Athlete’s Signature_____________________________Date:_______________,20___

Parent’s Signature:____________________________________Date:_______________,20___
(Needed if student-athlete is under 18 years of age.)

Medical Consent

I hereby grant permission to the Gardner-Webb University team physicians and/or their consulting physicians to render any treatment or medical or surgical care that they deem necessary to the health and well-being of the undersigned student-athlete.

I also hereby authorize the athletic trainers of Gardner-Webb University, who are under the direction and guidance of the Gardner-Webb University team physicians, to render any preventative, first aid, rehabilitation, or emergency treatment that they deem reasonably necessary to health or well-being of the undersigned student-athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Student-Athlete’s Name:_____________________________Date of Birth:____________

Student-Athlete’s Signature_____________________________Date:________________

Student-Athlete’s Social Security #________ - ________ - ________

Parent’s Signature____________________________________Date:________________
(Needed if student-athlete is under 18 years of age.)

Parent’s Social Security #________ - ________ - ________
Keep your head up. Do not butt, ram, spear or strike an opponent with any part of this helmet or faceguard. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death and possible injury to your opponent. Contact in football may result in **Concussion/ Brain Injury** which no helmet can prevent. Symptoms include: loss of consciousness or memory, dizziness, headache, nausea or confusion. If you have symptoms, immediately stop and report them to your coach, athletic trainer, and parents. Do not return to a game or contact until all symptoms are gone and you receive medical clearance. Ignoring this warning may lead to another and more serious or fatal brain injury.

**NO HELMET SYSTEM CAN PROTECT YOU FROM SERIOUS BRAIN AND/OR NECK INJURIES INCLUDING PARALYSIS OR DEATH. TO AVOID THESE RISKS, DO NOT ENGAGE IN THE SPORT OF FOOTBALL.**

________________________________________  ________________________  
Signature                                          Date

________________________________________  
Print Full Name

Revised 4-4-16
What is a concussion?
A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.
   You may experience …
   - Headache or head pressure
   - Nausea
   - Balance problems or dizziness
   - Double or blurry vision
   - Sensitivity to light or noise
   - Feeling sluggish, hazy or foggy
   - Confusion, concentration or memory problems

2. Speak up.
   - If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.
   - Follow your team physician and athletic trainer’s directions during concussion recovery. If left unmanaged, there may be serious consequences.
   - Once you’ve recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.
   You may notice that a teammate …
   - Appears dazed or stunned
   - Forgets an instruction
   - Is confused about an assignment or position
   - Is unsure of the game, score or opponent
   - Appears less coordinated
   - Answers questions slowly
   - Loses consciousness

2. Encourage teammates to be safe.
   - If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
   - Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

   - If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
   - Being unable to practice or join team activities can be isolating. Make sure your teammates know they’re not alone.

No two concussions are the same. New symptoms can appear hours or days after the initial impact. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.
What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won’t be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don’t fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions may have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We’re learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE

Baseline Testing
Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.

Concussion
If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.

Recovery
Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.

Return to Learn
Return to school should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.

Return to Play
Return to play only happens after you have returned to your preconcussion baseline and you’ve gone through a step-by-step progression of increasing activity.

For more information, visit ncaa.org/concussion.

NCAA is a trademark of the National Collegiate Athletic Association.
Gardner-Webb University
Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or physician.

☐ I have read and understand the NCAA Concussion Safety Fact Sheet.

After reading the NCAA Concussion Safety Fact Sheet, I am aware of the following information:

☐ Initial A concussion is a brain injury, which I am responsible for reporting to my physician or athletic trainer.

☐ Initial A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

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

☐ Initial If I suspect a teammate has a concussion, I am responsible for reporting the injury to my physician or athletic trainer.

☐ Initial I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

☐ Initial Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

☐ Initial In rare cases, repeat concussions can cause permanent brain damage, and even death.

_________________________________________  __________________________
Signature of Student-Athlete  Date

_________________________________________  __________________________
Printed name of Student-Athlete  Sport

_________________________________________  __________________________
Parent’s Printed Name  (if 17 years old)

_________________________________________
Parent’s Signature  (if 17 years old)

Revised 4-26-18
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your therapist will use and disclose your protected health information described in Section 1. Your protected health information may be used and disclosed by your therapist, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and support the operation of Gardner-Webb University Athletic Training.

Following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office, once you have provided consent.

We will use and disclose your protected health information to team physicians and other health care professionals to provide, coordinate or manage your health care and any related services. Your protected health information will be used, as needed, to coordinate payment for your health care services. We may disclose your protected health information to Athletic Training Students participating in clinical education with the Athletic Training Educational Program and work study student performing clerical duties in support of the Athletic Training department. We will use and disclose your protected health information in cooperation with Gardner-Webb University’s drug education and testing program. We may disclose your protected health information in support of the NCAA and its regulations.

I have read and understand the uses of my protected health information. I also understand that I may access my protected health information upon written request to my staff athletic trainer.

Student Athlete Name _____________________________________________

Student Athlete Signature _____________________________________________ Date:________

Witness _____________________________________________ Date:________

GWU HIPPA 1 Updated: 5/21/2018 9:55 AM
Gardner-Webb University Athletic Training
Student-Athlete Nutritional Supplement Disclosure Form

Name:___________________   Sport:___________________   Date:________________

By completing this form I am disclosing any and all nutritional supplements that I am taking or intend to take. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for an NCAA banned substance that may be found in any substance that I may take, regardless of the reason or purpose for taking such supplements. I also acknowledge the possible health risks that may be associated with taking an over-the-counter nutritional supplement.

I acknowledge and understand that the labeling on these products can be misleading and inaccurate because they are not regulated by the Food and Drug Administration (FDA), and that sales personnel are paid to sell these products and cannot accurately certify that these products contain no substances banned by the NCAA. Terms such as “healthy” or “naturally occurring” do not necessarily mean safe to take or use, or that the NCAA endorses a product or approves its usage. In other words, what’s in the bottle is not always on the label. If I do not know what I am taking, I am risking both my health and my eligibility.

The NCAA does not accept ignorance as an excuse following a positive drug test for a banned substance. Before taking or using any supplement, I am responsible for taking appropriate steps to ensure that it does not contain any substance banned by the NCAA. I acknowledge and understand that I can inquire about products by contacting the Center for Drug-Free Sport Axis. I understand that this is a free service and all inquiries are kept confidential. (https://dfsaxis.com/users/login with the password: ncaa1)

<table>
<thead>
<tr>
<th>Supplement / Product Name</th>
<th>Manufacturer</th>
<th>Where Purchased</th>
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</thead>
<tbody>
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<td>2.___________________</td>
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<td>5.___________________</td>
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</tr>
</tbody>
</table>

Please initial if not currently taking any nutritional supplements: __________

Comments:

__________________________________________
Signature Student-Athlete: Date
Gardner-Webb University Athletic Training
Student-Athlete Prescription Disclosure Form

Name:_________________________   Sport:__________________   Date:___________________

By completing this form I am disclosing any and all prescription medications that I am currently taking. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I take a prescription medication not prescribed to me, regardless of the reason or purpose for taking the prescription medication.

The NCAA does not accept ignorance as an excuse following a positive drug test for a banned substance. Gardner-Webb University Athletic Training is requiring you to disclose any prescription medications that you have are currently taking in the table below. Depending on what medication you are prescribed, you might need to acquire additional information from your physician to justify the need for that particular medication. Upon receipt of this document, the Athletic Training staff may be in touch with you to acquire additional supporting documentation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Prescribing Physician</th>
<th>Diagnosis</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</tr>
</tbody>
</table>

Please initial if not currently taking any prescription medications:___________

Prescribing Physician’s Name, Address, and Phone Number:

__________________________________________  ____________________________

__________________________________________  ____________________________

__________________________________________  ____________________________

I understand the statements in this form, and have had all questions about the information in this form answered to my satisfaction.

__________________________________________  ____________________________

Student-Athlete’s Signature                Date

__________________________________________

Parent/Guardian Signature (if under 18 years old)  Date
Dear Gardner-Webb University Student – Athlete,

The purpose of this letter is to inform you of recent NCAA legislation that will require your immediate attention. On April 29, 2010 the NCAA Division I Legislative Council approved legislation that requires all Division I student-athletes beginning their initial year of eligibility (freshmen and transfers) receive testing for sickle cell trait or show proof of prior sickle cell testing.

Sickle cell disease is an inherited blood condition that can be found in a wide variety of ethnic backgrounds. If a person receives a sickle cell gene from both parents they will inherit sickle cell disease. If he/she inherits only one sickle cell gene, then they are said to have “sickle cell trait”.

Sickle cell trait is generally benign and consistent with a long and healthy life. However, those with sickle cell trait are at a higher risk when exercising very hard in hot conditions for heat illness problems and even death. During intense sustained exercise, hypoxia (low oxygen) in muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Listed below are some facts you need to know about sickle cell trait:

- Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between 1 in 2,000 to 1 in 10,000; in the Caucasian population.

- Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle-Eastern, Indian, Caribbean, and South and Central American Ancestry; persons of all races and ancestry may test positive for sickle cell trait.

- Most U.S. States test at birth, but most student-athletes with sickle-cell trait don’t know they have it.

Effective beginning with the 2010-2011 academic year, all Division I student-athletes beginning their initial year of eligibility (freshmen and transfers) must complete one of the following prior to participating in athletically related activities (examples include conditioning, weightlifting and/or practice):

- Submit test results from a recent blood test (sickle cell solubility test) for sickle cell trait signed by a licensed physician.
- Submit proof of prior testing (sickle cell solubility test) such as done at birth and signed by a licensed physician.

Testing for sickle cell trait is rather inexpensive and sickle cell solubility tests usually costs in the range of $5 - $25. Results of testing generally take several days or up to a week to return to the physician.

Results of sickle cell solubility testing signed by a licensed physician must be completed prior to engaging in athletically related activities for all student-athletes beginning their initial year of eligibility (freshmen and transfers). There will be a potential delay of several days before you will be allowed to
begin practice if this information is not submitted to the Gardner-Webb University Athletic Training Staff prior to receiving your physical.

Gardner-Webb University requires all student-athletes to get tested so that you know your status in regards to sickle cell trait. The Gardner-Webb University Athletics Department advocates a slow-buildup of conditioning activities and frequent rest- and recovery periods for all student-athletes; because this approach can reduce the adverse effect caused by sickle cell trait and is also a healthier approach.

Please note that you will need to satisfy the requirements listed in this letter prior to reporting to Gardner-Webb University. Your immediate attention to this issue is required. If you have any questions regarding this letter please contact Kevin Jones, MA ATC LAT Assistant Athletic Director for Athletic Training (704-406-3926) or Kat Ayotte, MA ATC LAT Associate Athletic Trainer (704-406-3912). A copy of this letter will be posted on the Athletic Training web site (http://gardner-webb.edu/offices-and-departments/departments/athletic-training-department/physical-forms/index) under the link “Physical Forms”. As a reminder, all student-athletes need to download and complete all the forms located on this web site before returning to Gardner-Webb University. Without the completion of these forms you will not be able to receive a physical and will be delayed in beginning athletically related activities.

Please mail documentation of your sickle cell testing results to:

Gardner-Webb University
Athletic Training Department
PO Box 877
Boiling Springs, NC 28017

Again, thank you for your prompt and immediate attention to this letter.

Sincerely,

Chuck Burch
Vice President for Athletics
Gardner-Webb University

Kevin Jones, MA ATC LAT
Assistant Athletic Director for Athletic Training
Gardner-Webb University

For additional educational materials, please review the following web sites:

NCAA Heath and Safety at: www.NCAA.org/health-safety

Sickle Cell Disease Association of America at: www.sicklecelldisease.org

American Sickle Cell Anemia Association at: www.ascaa.org
Gardner-Webb University Athletic Training
Sickle Cell Status Results

Name:____________________      Sport:_________________          Date:__________________

COPY of Sickle Cell Status Results

Please attach an enlarged, clean copy of your Sickle Cell Status results below.
Gardner-Webb University Athletic Training
ATS Student-Athlete Fact Sheet

First Name: ___________________________     Last Name: ___________________________

Gender: Male /Female (circle one)     DOB: ___________________________

Home Phone: ___________________________     Cell Phone: ___________________________

GWU E-Mail Address: ___________________     SS#: ___________________________

Cell Phone Carrier (Sprint, Verizon etc): ___________________________

Home Address: ___________________________

City: ___________________     State: ___________________

Zip Code: ___________________     Country: ___________________

GWU Campus Box: ___________________

GWU ID#: ___________________

Year at GWU: First, Second, Third, Fourth, Fifth, Sixth year participant (circle one)

ATS Username (Create your own unique username): ___________________________

ATS Password (Create your own unique password): ___________________________

Emergency Contacts

First Name: ___________________________     Last Name: ___________________________

Relationship: ___________________________     Primary Phone: ___________________________

Work Phone: ___________________________     Cell Phone: ___________________________

E-Mail Address: _______________________

Updated: 4/28/15