

## ATHLETIC TRAINING MEDICAL ELIGIBILITY INSTRUCTIONS

I. **PHYSICALS** - All athlete's are **required** to obtain their sports physical **ON-CAMPUS** at the **SSU STUDENT HEALTH CENTER (SHC)** following the Pre-Participation *Sports Physical Instructions for Athlete's* document #32349, dated 6/07.

A. SUBMIT ALL ATR DOWNLOADED PAPERWORK **PRIOR TO EXAM, REQUIRED:**  
[IF SUBMITTING BY FAX INITIALLY, **ORIGINALS** MUST ALSO BE SENT/RECEIVED BY ATR]

1. Payment **verification** of **Enrollment Reservation Deposit fee** or **student ID**
2. Completed copy of Pre-Participation **medical history**. **SHC physician signs.**

**NOTE: REQUEST A COPY OF MEDICAL RECORDS within last three years**, surgery report, **EXISTING** doctor's patient notes-**REQUIRED** showing **diagnosis** and **release from care** with athletics medical clearance **OR** status if **still under care** from the treating physician and bring/send to the Athletic Training Room (ATR) for evaluation. **Call Bo Owens ATC** to coordinate ATR review/exam **BEFORE** your SHC physical: **ATR phone: (707) 664-4316.**

3. **Official** Immunization records, as noted
4. Insurance questionnaire 1B completed/signed by both athlete & parent/guardian
5. Primary insurance card copies **x 2 - front and back**
6. Personal, Medical & Consent/Risk form
7. Medical Information Release Authorization form, and
8. If a minor, Medical Treatment Consent form

**NOTE: ATR WILL NOTIFY ATHLETE & SHC FOR APPROVAL TO SCHEDULE PHYSICAL**

B. Scheduling SHC Physical appointment: [follow all instructions in #32349 document]

1. **Schedule BEFORE classes begin:** a) on a campus visit or b) **before** or **after** student orientation. (**PLAN to obtain physical PRIOR to classes beginning!**)
2. Any physical scheduled after classes begin is subject to physician patient loads
3. After AT approval, contact SHC at least **ONE WEEK** in advance of desired date
4. SHC **un-notified** no show fee will be charged for failure to cancel appointment
5. SHC is open M - F 8:00 am – 4:00 pm.

**NOTE: BRING COPY OF PHYSICIAN COMPLETED PHYSICAL TO AT ROOM by: TEN (10) WORKING DAYS PRIOR TO THE START OF YOUR TEAMS ACTIVITY.**

## II. INSURANCE INFORMATION.

- A. parents print and **RETAIN 1A form for your records information.**
- B. Insurance Questionnaire-1B **ORIGINAL** form must be **fully completed & signed** by **athlete** and **parent** that acknowledges your understanding of 1A insurance procedures, including SSU AT and Team Physician authorization **prior to seeking** any specialized medical care **in order to obtain SSU injury insurance coverage.**
- C. enclose two readable copies of the **front & back** or your insurance card noting (HMO) primary care physician (PCP) or preferred provider (PPO) for **NON-EMERGENCY pre-authorization referrals. REQUIRED** prior to participation.

**NOTE: For OUT-OF-AREA HMO-PCP RESTRICTED CARE and to TRANSFER TO LOCAL PCP CARE, personally contact **Dr. Ty Affleck** – SSU GP/Sports Medicine Team Physician @ phone number (707) 546-9400 Santa Rosa, CA. If your insurance co. notes his practice is closed to new patients, contact Dr. Affleck's office for "**acceptance as SSU athlete**".**

**[FINAL TEAM CLEARANCE IS GIVEN BY THE SSU AT ROOM TO COACH/ATHLETE AND COMPLIANCE]**

