



Dear New SAU Student Athlete and Parent/Gardian,

Welcome to Saint Augustine's University. It is important that a safe and knowledgeable environment is maintained for you, the student-athlete, the athletic department and the university. To provide you with the best medical care while you are a student at SAU, all information requested in this packet must be completed on corresponding forms prior to ANY official practice or event. An official practice or event is anything sanctioned by the NCAA where a coach is present. Therefore, it is important that you read all information and double check to make sure each form is filled out accurately, completely and with appropriate signatures where applicable.

CHECKLIST:

☐ **Physical Examination**

1. ☐ Was your physical completed on the SAU Physical Form?
2. ☐ When was this physical completed? (Physical should not be complete earlier than six months prior to the academic school year or athletic participation)
3. ☐ Was your physical stamped by the health care provider?
 - o Receipt/letterhead showing the service provided, name of healthcare facility/provider, AND corresponding physical date is acceptable in absence of stamp.
 - o Was the Limited or Unlimited box checked or circled on your physical?
 - o Was your physical signed and dated by the performing physician?
4. ☐ Were you tested for **sickle cell trait** and/or can you provide proof of your sickle cell status?
 - o Infants born after 1984 were tested for the sickle cell trait and therefore the documentation should be available from your family pediatrician.

☐ **Did you complete the Sports Ware Online required information (www.swol123.net)?**

1. Did you set-up your Sportsware account during the last school year? (If not, instructions are attached)
2. You will be notified when this information has gone "live" for the 2021-22 school year.

☐ **COVID-19**

1. ☐ Were diagnosed with COVID-19 within the last year?
 - o You need to be evaluated by your primary care physician and undergo the following testing procedures:
 - Blood test for Troponin levels
 - EKG
 - Electrocardiogram
 - Following testing and evaluation documentation of the above should be submitted
2. ☐ Were you tested for COVID-19 within 14 days of returning to campus?
 - o Please attach results

-----PLEASE KEEP A COPY OF ALL FORMS FOR YOUR OWN RECORDS-----

Turn 1 copy to **Student Health:**
Saint Augustine's University
Gordon Health Center
Nurse Tim Stevenson, RN

Turn in 1 copy to **Sports Medicine:**
Saint Augustine's University
Office of Sports Medicine
Mijon R. Knight, MS, LAT, ATC

Turn in 1 copy to your **head coach:**
Saint Augustine's University
Athletics Department
Head Coach



Student-Athlete Health Update Questionnaire

Name: _____ Sport: _____ Date: ____/____/____

D.O.B: ____/____/____ Last 4 Digits of S.S. #: _____ Sex: ____ Male ____ Female ____ Other

ID Number: _____ SAU Email: _____ Class (circle one): FR SO JR SR

Do You Live On or Off Campus: ____ On-Campus ____ Off-Campus Residence Hall: _____ Rm #: _____

Local Address: _____

Street City State Zip

Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contacts Relationship to Student-Athlete: _____

MEDICAL HISTORY

** Please report any changes to your medical history within the past year. Please provide details on the following page for any questions answered with "YES."

Circle YES or NO

- | | | | | | |
|---|-----|----|---|-----|----|
| 1. Do you have an ongoing chronic illness? | YES | NO | 16. Have you even been knocked out or lost consciousness? | YES | NO |
| 2. Have you ever been hospitalized? | YES | NO | 17. Have you ever has a seizure? | YES | NO |
| 3. Have you ever had surgery? | YES | NO | 18. Do you have frequent or severe headaches? | YES | NO |
| 4. Are you currently taking any medications?
(Prescription / Non- Prescription / Over the Counter) | YES | NO | 19. Have you ever been ill from exercising in the heat? | YES | NO |
| 5. Are you using an inhaler? | YES | NO | 20. Do you cough, wheeze or have trouble breathing during or after activity? | YES | NO |
| 6. Have you taken any supplements or vitamins to help you gain/lose weight or improve performance? | YES | NO | 21. Do you have asthma? | YES | NO |
| 7. Do you have any allergies?
(e.g. bee stings, latex, etc.) | YES | NO | 22. Do you have any missing organs?
(e.g. Kidney, Testicle) | YES | NO |
| 8. Do you have allergies to medication?
(e.g. Penicillin, Sulfa, etc.) | YES | NO | 23. Do you have any ear, nose or throat problems? | YES | NO |
| 9. Have you ever passed out during or after exercise? | YES | NO | 24. Do you have diabetes, thyroid or other endocrine problems? | YES | NO |
| 10. Have you ever been dizzy during or after exercise? | YES | NO | 25. Do you have any stomach or bowel problems? | YES | NO |
| 11. Have you ever had chest pain during or after exercise? | YES | NO | 26. Do you have any kidney or bladder problems? | YES | NO |
| 12. Have you ever had high blood pressure or high cholesterol? | YES | NO | 27. Have you ever been diagnosed with hepatitis or anemia? | YES | NO |
| 13. Have you ever been told you have a heart murmur? | YES | NO | 28. Do you wear glasses contacts or protective eyewear? | YES | NO |
| 14. Has any member of you family or relative die of heart problems or sudden death before age 50? | YES | NO | 29. Have you or any member of you family been diagnosed with Marfan's Syndrome? | YES | NO |
| 15. Have you ever had a head injury or concussion? | YES | NO | 30. Have you broken or fractured any bones or dislocated any joints including stress fractures/reactions? | YES | NO |



Student-Athlete Health Update Questionnaire

31. Have you ever had a sprain, strain or swelling after injury? YES NO
- ___ Head ___ Elbow ___ Hip
___ Neck ___ Forearm ___ Thigh
___ Back ___ Wrist ___ Knee
___ Chest ___ Hand ___ Shin/Calf
___ Shoulder ___ Finger ___ Ankle
___ Upper Arm ___ Foot
32. Do you wear any brae or support to play? YES NO
33. Do you have any type of screw, pin or plate in your body? YES NO
34. Have you ever been tested for sickle cell anemia or trait? YES NO
35. Have you ever been diagnosed with sickle cell anemia or trait? YES NO
36. Do you have any chipped, loose or missing Teeth? YES NO
37. Do you wear a dental bridge or other appliance? YES NO
38. Do you think you are too fat or too thin? YES NO
39. FEMALES ONLY: Do you have regular and monthly menstrual periods? YES NO
40. Received a positive diagnosis for COVID-19? YES NO
If yes, Date of Positive Result _____

ADDITIONAL INFORMATION

PLEASE PRINT CLEARLY

Use the space below to further explain any "YES" answers to the questions above or provide any additional pertinent information: (please include any and all date(s) of injury, surgery, side of injury, etc.)

MEDICATION FORM

Medication Summary

Drug Allergies:

Name	Reaction

Current Medications

** Please list any and ALL medications (over-the-counter or prescription) that you are currently taking or have taken with the last 60 days:

Name	Reason for Taking

Signature

Date



PART B - PHYSICAL EXAMINATION

TO BE COMPLETED BY HEALTH CARE PROVIDER
(This record is a privileged communication and will be treated confidentially.)



STUDENT'S LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

The state of North Carolina requires all students entering college to submit a valid copy of their immunization records to the college in order to register. (A valid copy may be obtained from your high school, family physician, health department, clinics, or other colleges you have attended). All shot records require verification by a doctor's stamp or signature or a clinic or health department stamp.

IMMUNIZATIONS		DATE	DATE	DATE
DTP/ DTP/ TD (ONE MUST BE WITHIN THE LAST 10 YEARS). Series of 3 required.				
Td Booster within the last 10 years.				
Polio, Series of 3 (not required after age 17)				
MMR (measles, mumps, rubella) Series of 2 required.				
Hepatitis B (Series of 3, if born after July 1, 1994)				
Meningitis Vaccine (Recommended, not required)				
Tuberculin Skin Test (within the last year)	Date given: Signature:	Date Read: _____ Results: _____ mm Signature: _____		
Chest X-ray (if applicable)	Date given:	Results: (attach a copy of the chest x-ray report to form)		

Health Care Staff Signature _____ Office Stamp _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN					
Height _____	Weight _____ lbs	B/P _____	Pulse _____	Hearing (gross) Right _____ Left _____	
Corrected Vision: Right 20/ _____ Left 20/ _____			Uncorrected Vision: Right 20/ _____ Left 20/ _____		
Urinalysis: Glucose	Ketones	Leukocytes	Blood	Protein	HGB/HCT /
Are there any	Normal	Abnormal	Description (attach additional sheets if necessary)		
1. Head, Ears, Nose, Throat					
2. Eye					
3. Respiratory					
4. Cardiovascular					
5. Gastrointestinal					
6. Hernia					
7. Genitourinary					
8. Musculoskeletal					
9. Metabolic/ Endocrine					
10. Neuropsychiatric					
11. Skin					
12. Mammary					

- A. Is there loss or seriously impaired function of any organ? Yes No
Explain: _____
- B. Is the student under treatment for any medical or emotional condition? Yes No
Explain: _____
- C. Recommendations for physical activity (Phys. Ed., Intercollegiate, Intramurals, etc.)
Unlimited Limited Explain: _____
- D. Significant findings or general comments regarding this student. Is student physically and emotionally healthy?
Explain: _____

Sickle Cell Trait Test ***REQUIRED FOR NEW ATHLETES**AND** MUST ATTACH TEST RESULTS*******

Signature of Physician/ Physician's Assistant/ /Nurse Practitioner Physical Examination Date

Office Address City State Zip Code Area Code/ Phone Number

PLEASE APPLY PHYSICIAN OR PRACTICE STAMP IN THIS BOX

SportsWare Online Instructions

FIRST-TIME USER INSTRUCTIONS

1. Go to swol123.net
 2. You should see the section that reads "Athlete/Parent". Click on Join Sportsware
 3. The **School ID** is **SAUFalcons**. Enter it and click next
 4. Enter your **FIRST NAME, LAST NAME, DATE OF BIRTH** and **EMAIL** and click "**SEND**"
 5. **Your request has been sent to the athletic training staff. Please email mknight@st-aug.edu to notify the staff that you need to be accepted. YOU WILL NOT BE ABLE TO COMPLETE YOUR PAPERWORK UNTIL YOU ARE ACCEPTED BY THE ATHLETIC TRAINING STAFF(Please allow up to 24 hours for acceptance).**
 6. Once your request is accepted you will receive a notification (**from admin@swol123.net**) to the email address you provided. Open the email and click on any of the three links.
 7. Enter your email address and choose a password.
 8. Go to swol123.net and enter your login information
 - a. Click on the Myinfo link and click on each tab (**General, Address, Emergency, Insurance, and Medical**) and complete all of the required information
- **You will have to upload a copy of the front and back of your primary insurance card to the system. (Most student athletes sign in on their phone and upload this pictures directly from their phone.)**
- b. Click on the Med History link and indicate if any of the conditions apply to you.
 - c. Click on the COVID-19 link and complete the questionnaire
 - d. Click on forms link and complete all 10 forms (**MAKE SURE TO CLICK SAVE ANDSUBMIT UPON COMPLETION OF EACH FORM**).

***You will know that you are truly finished with sportsware if you, when the homepage states that you have 0 Forms left, and that your Athlete Information and Medical History are complete.**

YOU ARE NOT CLEARED FOR PARTICIPATION UNTIL YOU HAVE CHECKED IN WITH THE OFFICE OF SPORTS MEDICINE FOR VERIFICATION! You may do so by phone 919-516-4219 or email mknight@st-aug.edu.