

**East Texas Baptist University  
Medical Checklist**

The following should be completed before you arrive on campus. Failure to complete the following will make you medically ineligible to compete in intercollegiate athletics at East Texas Baptist University. All required forms are included with this checklist.

\_\_\_\_ **ETBU Athletic Physical Form**-Must have a completed physical performed by a licensed Physician (MD, DO), licensed Physicians Assistant (PA), or Nurse Practitioner. **Physicals completed by a Doctor of Chiropractic will not be accepted.** This form has two pages. The first page is a medical history form that must be signed by a parent or legal guardian if student under 18. The second page is the physical form.

\_\_\_\_ **ETBU Injury Risk Form**-must be signed by parent or legal guardian if student under 18.

\_\_\_\_ **ETBU Drug Testing Consent Form**-must be signed by parent or legal guardian if student under 18. The policy is included with this packet.

\_\_\_\_ **ImPACT Concussion Baseline Test**-ETBU requires all student athletes to complete an online concussion test to establish a neurological baseline. This is a tool used in the event an athlete sustains a concussion. Comparing this baseline test with a follow up test after a concussion helps us determine the player's readiness to return to play. **This is to be completed by first time freshmen and new transfer students only.** The online test can be completed at the following link:

<https://www.impacttestonline.com/colleges/>

It will allow you to choose Texas and then it will ask for an access code to be entered: use the following code

**0578869169**

Follow the online instructions. The test starts by collecting personal information. Please be honest and accurate when completing this section. This is followed by a battery of tests. Once you begin the test it is important to finish. This test takes 20-30 minutes, so make sure you give yourself enough time to complete it. I encourage parents to supervise the test but it can be done unsupervised if necessary. We have an online data base so we can confirm if you have completed this test. **You will not be able to participate in intercollegiate athletics at ETBU until you have completed this test.**

\_\_\_\_ **Sickle-Cell Trait Disclosure/Waiver Form**-must be completed and signed by parent or legal guardian.

\_\_\_\_ **Private Insurance Card**-If the student athlete is covered under a private insurance plan, ETBU Athletic Training will need a copy of the front and back of this card for the student's medical file.

If you have any questions please contact my office:

David Collins, M.Ed., ATC, LAT  
Head Athletic Trainer  
East Texas Baptist University  
One Tiger Dr  
Marshall, TX 75670  
903.923.2196  
dcollins@etbu.edu

**East Texas Baptist University  
Athletic Medical History Summary**

(This completed form must be returned to the Athletic Training Staff prior to participation)

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ ~ ~ \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_

Guardian's Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Ins. Co. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Group #: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Name of whom your coverage is provided through? (i.e. parent/guardian) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical History (check all that apply)

- Have you ever had a significant injury and/or surgery that required loss of playing time?  
Explain: \_\_\_\_\_
- |   |  |
|---|--|
| <input type="checkbox"/> Do you have any oral/dental issues that require a special mouthpiece | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Head injury or concussion  | <input type="checkbox"/> Glasses/Contacts    |
| <input type="checkbox"/> Loss of consciousness  | <input type="checkbox"/> Severe headaches    |
| <input type="checkbox"/> Heat related illness   | <input type="checkbox"/> Dizziness, seizures |
| <input type="checkbox"/> Missing organs   | <input type="checkbox"/> Fainting            |
| <input type="checkbox"/> Heart problem  | <input type="checkbox"/> Ears problems       |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Nasal Problems      |
| <input type="checkbox"/> Chest pains  | <input type="checkbox"/> Eating Disorders    |
| <input type="checkbox"/> Gastrointestinal problems  | <input type="checkbox"/> Orthotics for shoes |
| <input type="checkbox"/> Urinary tract problems   | <input type="checkbox"/> Back Injuries       |
| <input type="checkbox"/> Diabetes   |  |

**Elaborate on checked boxes:**

\_\_\_\_\_

Medications taken consistently: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_ Blood type: \_\_\_\_\_ Date of last menstrual cycle: \_\_\_\_\_

Permission is hereby granted to the athletic training staff to use their best judgment in securing medical aid and ambulance service. Permission is also granted to any medical doctor to proceed with any needed medical care for the above named athlete. In the event of significant accidental injury requiring medical treatment, I understand that an attempt will be made by the athletic training staff or the attending physician to contact me in the most expeditious manner possible. In the event I am unable to be reached, any treatment for the best interest of the above named athlete may be given. I hereby authorize any necessary medical provider to file claims on my behalf for injuries sustained by the above athlete under my medical policy.

Your signature verifies that the above information is correct to the best of your knowledge and that all relevant documentation concerning medical treatment and insurance information has been reviewed appropriately.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**East Texas Baptist University  
Athletic Physical Examination Summary**

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
 Gender: M F Age: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ B/P: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_

Skin \_\_\_\_\_  
 Dental/Mouth \_\_\_\_\_  
 Head \_\_\_\_\_  
 Nose/Throat \_\_\_\_\_  
 Eyes  
 • Rt \_\_\_\_\_  
 • Lt \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs  
 • Rt \_\_\_\_\_  
 • Lt \_\_\_\_\_  
 Heart \_\_\_\_\_

Abdomen  
 • Liver \_\_\_\_\_  
 • Spleen \_\_\_\_\_  
 • Kidneys \_\_\_\_\_  
 • Stomach \_\_\_\_\_  
 • Bowels \_\_\_\_\_  
 Hernia \_\_\_\_\_  
 Lymphatic  
 • Cervical \_\_\_\_\_  
 • Axillary \_\_\_\_\_  
 • Femoral \_\_\_\_\_  
 Genitalia \_\_\_\_\_

**Orthopedic Screening**

Shoulder  
 • Abd \_\_\_\_\_  
 • Add \_\_\_\_\_  
 • Flex \_\_\_\_\_  
 • Ext \_\_\_\_\_  
 • Int Rot \_\_\_\_\_  
 • Ext Rot \_\_\_\_\_  
 • Stability \_\_\_\_\_  
 Hip  
 • Ext \_\_\_\_\_  
 • Flex \_\_\_\_\_  
 • Abd \_\_\_\_\_  
 • Add \_\_\_\_\_  
 • Stability \_\_\_\_\_  
 Posture  
 • Shoulders \_\_\_\_\_  
 • Spine \_\_\_\_\_  
 • Pelvis \_\_\_\_\_

Knee  
 • Flex \_\_\_\_\_  
 • Ext \_\_\_\_\_  
 • MCL \_\_\_\_\_  
 • LCL \_\_\_\_\_  
 • PCL \_\_\_\_\_  
 • ACL \_\_\_\_\_  
 Ankle  
 • Plantar Flexion \_\_\_\_\_  
 • Dorsiflexion \_\_\_\_\_  
 • Inversion \_\_\_\_\_  
 • Eversion \_\_\_\_\_  
 Trunk/Neck  
 • Flex \_\_\_\_\_  
 • Ext \_\_\_\_\_  
 • Rot \_\_\_\_\_  
 • Lat Flex \_\_\_\_\_

No participation: \_\_\_\_\_  
 Limited Participation: \_\_\_\_\_

Clearance withheld \_\_\_\_\_  
 Cleared for Participation \_\_\_\_\_

Comments: \_\_\_\_\_

The following must be completed by an Allied Health Care Professional under which whose scope of practice, license, certification and / or registration allows such a physical exam to be performed.

\_\_\_\_\_  
 Allied Health Care Professional Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 License / Certification Number

**East Texas Baptist University**  
**Intercollegiate Athletics Potential Risk / Injury Form**  
**(This completed form must be returned to the Athletic Training Staff prior to participation)**

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The purpose of this statement is to inform each parent / guardian that it is possible that your son / daughter could be injured while participating in intercollegiate athletic practice and competition. The extent of such injuries may be irreversible and in some cases may prove to be crippling, thus reducing your son / daughter's ability to earn a living. There is even a small chance that an injury may prove to be fatal.

Athletes participating in contact sporting events will experience many types of physical contact that could result in injury. East Texas Baptist University provides protective equipment when necessary and competent instruction for these students. However, equipment and instruction cannot prevent all serious injuries that may result. Injuries do not occur only in contact events. Every effort will be made to protect the student athlete from injury in other sports as well. Athletes must, however, assume responsibility and recognize the necessity for following rules and regulations designed to make intercollegiate athletic practice and competition less hazardous.

Parent / guardian signature verifies that you recognize your son / daughter assumes many risks and that you, as the parent / guardian, have warned your child of the hazards and risks inherent in sports competition. Athlete signature verifies that you have discussed the risks involved with your child.

\_\_\_\_\_  
Parent /Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

East Texas Baptist University  
Department of Intercollegiate Athletics  
**Policy on Drug and Substance Abuse**  
(Keep for your records)

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**Introduction:**

In today's society, some student-athletes use alcohol, abusive drugs or other substances either for recreation or to improve their performance. The East Texas Baptist University Department of Intercollegiate Athletics knows this practice is detrimental to the health and well-being of the student-athletes that participate in athletic competition on our campus. It is not possible to perform with total concentration at a high level of athletic or academic standards with even a minimal usage of any of these substances. Therefore, the Athletic Department has initiated a drug and substance abuse prevention program in order to allow its athletes to progress toward their athletic and academic goals in a drug-free environment. The philosophy of this program is fourfold:

1. To educate East Texas Baptist University student-athletes about the effects of abusive drugs and other substances on their physical abilities, psychological outlook and thought processes, as well as how they interact in society.
2. To identify potential abusers of drugs and other substances while providing a mechanism of counseling.
3. To remove the stigma of drug abuse on a departmental level from these athletes who are not users of these substances.
4. To reassure the department's athletes, recruits, parents, alumni and community that the health and academic progress of each student at the university setting is the department's primary goal.

**Drug Education:**

The Athletic Department will hold drug education meetings for all its student-athletes when deemed necessary. The speakers at these meetings will be drawn from both university based and community based resource programs. The objective of these meetings is to provide educational guidance to student-athletes to ensure awareness of the harmful physical, mental, legal and social effects and consequences of these substances.

**Drug Testing:**

Each athlete, athletic training student and student manager (all will be hereafter referred to as student-athletes) will be asked to sign a release form which states that he/she is aware that urine testing for abusive drugs and other controlled substances is permitted. In signing the form, each student-athlete understands that voluntary failure to undergo testing will be regarded as a positive test. Failure to sign the release form will result in immediate termination of the student-athlete from the athletic department and any work study assigned to the student-athlete through the athletic department.

Testing will be on a random, unannounced basis, as well as on special request of any person deemed to be an official of the University. Collection of urine samples will be done under supervision of a Licensed / Certified Athletic Trainer. The sample will be sent to an outside laboratory to be tested by the gas chromatography/mass spectrometry method. The result of the testing will be confidentially reported to the Director of Athletic Training, Director of Athletics, Dean of Students, Associate Athletic Trainers, and the Head Coach. The university reserves the right to notify the parent(s) or legal guardian(s) of any student-athlete testing positive for either an illegal or banned substance.

Athletes will be given one (1) hour to report for a drug test. Athletes that do not report to the testing site will be considered to have a positive test and will be suspended from all athletic functions (practices, competitions, banquets, etc.) for a period of fourteen (14) days. The athlete's record will reflect the failure to comply with university policy. The athlete must be tested at a medical facility at his / her own expense prior to returning to athletic functions.

**Banned Drugs:**

ETBU subscribes to the same banned substance list as the NCAA.

**\*\*See the NCAA Website for specific banned drugs\*\***

**Sanctions:**

All student athletes who test positive for illegal and banned drugs will be referred to Student Affairs for disciplinary actions per the University Student Handbook. The Director of Athletics and the Athletes Head Coach will also be notified.

**Conclusion:**

It is the intent of the East Texas Baptist University Athletic Department to provide each of its student-athletes a mechanism of promoting self-satisfaction through sport participation. It is also our wish to provide an opportunity to obtain a higher level of knowledge through education in a Christian environment, thus preparing student-athletes for their professional lives in society. It is our hope that this drug testing policy will educate the student-athlete that the use of abusive drugs and other substances directly opposes this intent.

**Athletes:** You will be asked to sign a drug testing consent form when you arrive on campus. Your signature on this form will verify that you have read and understand this policy. Please be sure that you have read this policy prior to your arrival on campus.

**East Texas Baptist University**  
**Department of Intercollegiate Athletics**  
**University Drug Testing Consent Statement**

(This completed form must be returned to the Athletic Training Staff prior to participation) I certify by my signature below that I have received, read and understand the East Texas Baptist University Department of Athletics Policy on Drug and Substance Abuse. I recognize and understand that I could be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the university's athletic substance abuse policy, and agree I will not refuse to take any such test or otherwise dispute the university's right to perform such test(s) on me. I understand the university will take every precaution to maintain the confidentiality of all matters related to the test(s) to be performed pursuant to this policy.

I further agree to inform my team physician and / or Director of Athletic Training of any and all medications which I may take from time to time, either under prescription from a physician or self-administered. I recognize this information is necessary to assist my team physician and athletic training staff in providing me with the best possible medical care, should such care be needed. I also authorize my head coach, Director of Athletics or Director of Athletic Training to contact my parents or guardians with information relating to positive tests results, in accordance with terms of the Department of Athletics Policy on Drug and Substance Abuse. If counseling is required because of substance abuse, I fully understand all costs are my personal responsibility. I understand that ETBU's athletic training facilities and / or university counseling center is available to me at all times should I have any difficulty with alcohol, drugs or any other personal matter, or in regard to questions about the drug or substance abuse policy. I also understand any visit to the athletic training facilities or counseling center will be maintained in the strictest confidence.

Name: \_\_\_\_\_

(PLEASE PRINT)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Sickle Cell Trait and the ETBU Athlete

Dear Parent/Guardian:

A recent medical journal review of non-traumatic sports deaths in high school and college athletes demonstrated that exertional collapse and muscle breakdown related to Sickle Cell Trait is one of the top four killers of athletes along with cardiovascular conditions, heatstroke and asthma. Over the past 40 years, exertional sickling has been linked to numerous high school and college athlete deaths. Studies by the U.S. Military on recruits during basic training demonstrated that recruits with sickle cell trait were **30 times** more likely to die of exercise-related death during basic training than those without the trait.

At ETBU, we are joining with other college and university medical professionals to raise awareness of this condition and provide measures to reduce the risk of exertional collapse related to sickle cell trait in our athletes.

Sickle Cell Trait is a condition of inheritance rather than race. Since the gene can be found in those of various ancestry, it is a required screening of **ALL** newborns in the United States. However, one in twelve African-Americans carry the Sickle Cell Trait.

Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or prolonged exertion, the sickle hemoglobin can change the shape of red blood cells from round to 'sickle-shaped', causing a logjam of blood cells and potentially starving muscles of oxygen-rich blood. This exertional sickling can pose a grave risk for some athletes.

In light of this information the NCAA as required all member institutions to seek verification for the presence of the Sickle Cell Trait in all of the university's student-athletes, or require that a student-athlete and his parents sign a waiver form stating you do not wish to disclose this information.

There are a few options to verify the sickle cell trait:

1. Ask your physician completing the pre-participation physical to order the test
2. Ask your physician to request the information from your state health department. In Texas electronic records are available for a student born after 1989 and the physician can fax the request to 512-776-7223 or 512-776-7533 with a 24 hour response time from the state and there is no fee. **(Use the Form Provided with this Packet)**
3. If you are not from Texas you can do a web search to find out how retrieve this information from your state by doing an internet search typing in Newborn screening + your birth state
4. If you are having trouble finding this information please contact David Collins, Head Athletic Trainer East Texas Baptist University at 903-923-2196 or 903-407-9984

East Texas Baptist University  
Sickle Cell Waiver

\_\_\_\_\_ I know my sickle cell trait status and the results are attached.

\_\_\_\_\_ I have been tested, but I do not know my results yet, I will submit them as soon as I receive them.

-----If you checked one of the first two boxes, do not sign the bottom-----

\_\_\_\_\_ I **do not** know my sickle cell trait status and I **do not** wish to be tested.  
**(Complete waiver below.)**

**Sickle Cell Trait Testing Waiver:** Only fill this out if you chose the third option.

I, \_\_\_\_\_, understand and acknowledge that the NCAA and East Texas Baptist University (ETBU) Department of Athletics recommend that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing, and have received information on sickle cell trait. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the ETBU Athletic Training staff. I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless ETBU, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and the ETBU Department of Athletics. I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Print Student-Athlete's Name \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

# Release of Newborn Screening Records Authorization Form

Please fill out the following form if the athlete was born in Texas.

**Athlete's Full Name:**

-----  
**Athlete's Date of Birth:**

-----  
**Full name of athlete's mother at time of athlete's birth:**

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**If athlete is under age 18:**

I, \_\_\_\_\_ (**name of parent or guardian**), hereby authorize the Texas Department of State Health Services Newborn Screening Lab to release all newborn screening results of my son/daughter to \_\_\_\_\_, the treating physician.

**Parent/guardian signature:**\_\_\_\_\_

**Athlete's signature:**\_\_\_\_\_

**If athlete is age 18 or older:**

I, \_\_\_\_\_ (**name of athlete**), hereby authorize the Texas Department of State Health Services Newborn Screening Lab to release all of my newborn screening results to \_\_\_\_\_, the treating physician.

**Athlete's signature:**\_\_\_\_\_

**ATTENTION newborn screening lab: please fax results to:**

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