



Franklin Pierce University Athletics



Athletic Training Health Form 2025-2026

- This form must be completed prior to a student-athlete’s first practice or they will not be able to participate in athletics (practice, games, lift/conditioning sessions).
- This information is confidential and will be located in the Franklin Pierce Athletic Training Facility unless otherwise released with your permission.
- If any portion of this form is submitted incomplete, you will not receive medical clearance until completed fully.
- The Franklin Pierce Athletic Training Staff’s priority is the health and safety of all student-athletes. The Franklin Pierce Athletic Training Staff has the right to withhold any student-athlete from participating in athletics (practices, games, lift/conditioning sessions) due to health-related issues.

Student-Athlete Name (first and last): _____

Sport(s): _____ Date of Birth (mm/dd/yyyy): _____

Preferred Gender: _____ Student ID Number: _____ Cell Phone Number: _____

Home address Street: _____ City: _____
State: _____ Zip: _____ Country: _____

On-campus Resident Hall; Room number; Mailbox number: _____

Class: _____ Expected Graduation Year: _____

I give permission for Franklin Pierce University Athletic Training to contact the following people in the event of a medical emergency

Parent/Guardian (Name, relationship, cell number): _____

Parent/Guardian (Name, relationship, cell number): _____

Emergency Contact (other than parent/guardian) (Name, relationship, cell phone number):

Please list medical conditions (diabetes, asthma, epilepsy, etc.): _____

*Explain if needed, please list any medical devices or medications you require: _____

Please list any allergies (i.e. peanuts, shellfish, bee stings, etc.): _____

*If you have allergies, do you have an EpiPen? YES NO

Please list any medications: _____

Please Note: The use of an anabolic agent, hormone and metabolic modulator, peptide hormone, growth factors, related substances and mimetics must be approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications. Please contact your Athletic Trainer if you are taking any of these substances.



Franklin Pierce University Athletics



Health Insurance Information

*** FRANKLIN PIERCE UNIVERSITY STUDENT/ATHLETES ARE REQUIRED TO HAVE MEDICAL INSURANCE ***

Medical Insurance Company Name: _____

Medical Insurance Company Address and Phone Number : _____

Policy Number: _____

Name and relationship to Insured (self/mother/father/other): _____

*** You must submit a Front and Back picture of your Insurance Card to Athletic Training***

Franklin Pierce University provides accidental secondary medical coverage for student-athletes for athletically related injuries (i.e. practices, competitions, strength, and conditioning sessions). This is a secondary insurance policy and the student-athlete's primary insurance must be billed first.

Coverage is subject to specific policy terms and conditions and includes certain restrictions and exclusions:

1. All athletically related medical injuries need to be reported to the team's Athletic Trainer within 24 hours
2. All medical expenses must be submitted to the student-athlete's primary medical insurance first
3. Any medical bills the student receives must be submitted to the Athletic Trainer as soon as the bill is received (otherwise bill may not be paid)

Please note that Franklin Pierce University assumes no responsibility whatsoever for any uninsured expenses, and it is required by the university that the student have coverage through a primary health insurer to avoid possible, significant out-of-pocket expenses in the event of injury.

Please also note that the NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured (medical bills totaling more than \$90K) while participating in intercollegiate athletic activity (subject to all policy and terms and conditions).

Concussion Information

Concussions are mild traumatic brain injuries caused by a blow to the head or body resulting in the brain moving rapidly in the skull. Loss of consciousness is not always an indicator of the severity of a concussion. If concussions are not managed properly severe problems can occur that may be long lasting and can even lead to paralysis and possibly death. Recognition of signs and symptoms of concussions are key to proper diagnosis and treatment.

Possible symptoms of a concussion are:

- Headache
- Confusion
- Dizziness
- Nausea
- Trouble Sleeping
- More Emotional/Irritable
- Ringing in the ears
- Double or Blurred Vision
- Sensitivity to Light or Sound
- Feeling like you're in a fog

If a student athlete has suffered 2 concussions in one season, or a total of 3 in one calendar year, the Franklin Pierce Athletic Training staff will require the student athlete to be cleared by a physician before return to play. To protect the student athlete's health, the Athletic Training staff also has permission to require the student athlete to seek medical attention following a concussion.

How many diagnosed concussions have you had previously? _____

How many diagnosed concussions have you had in the past calendar year? _____



Franklin Pierce University Athletics



Please list date of last diagnosed concussion (if none write "NA"): _____

How long was recovery from last concussion (if none write "NA"): _____

Have you ever been hospitalized for a concussion/head injury? _____

*If yes, please explain and list date: _____

Have you ever lost consciousness due to a head injury or concussion? _____

*If yes, please explain and list date: _____

Do you have chronic migraines or headaches? _____

*If yes, please explain: _____

I understand that concussions are mild traumatic brain injuries and can be very serious. If I suspect I might have a concussion I will report it to my Athletic Trainer

Student-Athlete Signature: _____

Signature of Parent/Guardian: _____

*If Student/Athlete is under 18 years of age

Personal Health Information and History

Pre-Participation Medical Clearance: All intercollegiate athletes must be medically cleared by a member of the Franklin Pierce Athletic Training Staff prior to the start of each sport/season he/she/they chooses to participate in.

The personal health information and history is designed to assist the Franklin Pierce Athletic Training Staff in providing quality athletic health care to each individual student-athlete. Please complete the information below truthfully and completely. Please provide dates and details for each yes response. The information you provide is confidential. Prior to the start of your traditional season a member of the Franklin Pierce University Athletic Training Staff will review your medical history. If yes responses are not adequately explained, further interviewing will be necessary before medical clearance is granted.

****Please note any surgery or significant injury (broken bones, high grade sprains/strains, etc.) that occurred in the past calendar year will require a doctor's note for athletic participation****

Current height in feet/inches (i.e. 5'5"): _____ Current weight in pounds (i.e. 150 lbs.): _____



Franklin Pierce University Athletics



► Please check Yes or No to the following questions and explain if you answer yes.

Have you ever had, or do you currently have any of the following?

Anemia: Yes No If yes, are you on iron supplements: _____

High or Low Blood Pressure: Yes No If yes, please list any medications: _____

Arthritis: Yes No If yes, please explain: _____

Sickle Cell Trait or Anemia: Yes No If yes, please explain: _____

Mononucleosis “mono” in the past year: Yes No If yes, please list date: _____
(If yes, please provide the Franklin Pierce Athletic Training Staff with an athletic clearance note)

Breathing Difficulties: Yes No If yes, please explain: _____

Chest Pain with exercise: Yes No If yes, please explain: _____

Dizziness or fainting with exercise: Yes No If yes, please explain: _____

Childhood Illness: Yes No If yes, please explain: _____

Dental appliances or loss of permanent tooth: Yes No If yes, please explain: _____

Contact/Glasses: Yes No If yes, please explain: _____

Depression or Anxiety: Yes No If yes, please explain: _____

History of Substance Abuse: Yes No If yes, please explain: _____

Diagnosed with eating disorder or disordered eating: Yes No If yes, please explain: _____

Epilepsy and/or seizures: Yes No If yes, please explain: _____
You must also provide an athletic clearance note and Standing Orders

Heart Condition or heart murmur: Yes No If yes, please explain: _____
You must also provide an athletic clearance note

Heat Illness: Yes No If yes, please explain: _____

Hernia: Yes No If yes, please explain: _____



Franklin Pierce University Athletics



Hepatitis: Yes No If yes, please explain: _____

Hypoglycemia (low blood sugar): Yes No If yes, please explain: _____

Loss or absence of an organ: Yes No If yes, please explain: _____

Injury to the eye, face, or nose: Yes No If yes, please explain: _____

Injury to the neck: Yes No If yes, please explain: _____

Injury to back or spine: Yes No If yes, please explain: _____

Injury to abdomen, chest, or ribs: Yes No If yes, please explain: _____

Injury to the upper arm shoulder: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the elbow: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the forearm or wrist: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the hand or fingers: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the hip, pelvis, or thigh: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the knee: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the lower leg or ankle: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____

Injury to the foot: Yes No Left _____ Right _____ Both _____

If yes, please explain and dates: _____



Franklin Pierce University Athletics



Any medical surgeries in the past 12 months: Yes No

If yes, please explain and list date: _____

You must also provide an athletic clearance note

Do you take any supplements or vitamins: Yes No

If yes, please list: _____

Do you wear any protective braces or equipment: Yes No

If yes, please list: _____

Do you currently have an unhealed injury: Yes No

If yes, please explain: _____

Weight change (+/-) 15lbs over one year: Yes No

If yes, please explain: _____

Illness, injury, disease, or disorder not mentioned previously: Yes No

If yes, please explain: _____

Have you ever been restricted from participating in athletics: Yes No

If yes, please explain: _____

Does an immediate member of your family have any medical conditions: Yes No

If yes, please explain: _____

FEMALES ONLY: Irregular or loss of menstruation? Yes No

How long between menses: _____

Are you currently taking any ADD/ADHD medications? Yes No

If yes, Newcomers please have your doctor complete the NCAA Medical Exception Form:

https://ncaaorg.s3.amazonaws.com/ssi/substance/SSI_MedicalExceptionReportingForm.pdf



Physical

NCAA Bylaw 17.1.5 Mandatory Medical Examination requires all student athletes to have a physical prior to their initial season of eligibility or trying out for a team within 6 months prior to physical activity or the date of classes. A physician, physician assistance, or nurse practitioner must complete this physical.

*Please send PDF of physical along with this health form to healthservices@franklinpierce.edu
and itchkavichm@franklinpierce.edu *

Subject of the email should indicate athlete's first and last name

Sickle Cell Testing

Per NCAA legislature 17.1.5.1 Sickle Cell Solubility Test. The examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test (SST), unless documented results of a prior test are provided to the institution. Someone with the sickle cell trait can still compete in athletics. Sickle cell trait only becomes a threat in certain rare situations in which athletes push the limits of their physical conditioning. Being aware of the trait and taking proper precautions can help trait carriers enjoy successful and healthy athletic careers.

More information can be found at:

https://ncaaorg.s3.amazonaws.com/ssi/other/SSI_NCAASickleCellTraitforSA.pdf

How to obtain your sickle cell solubility test:

1. Contact your pediatrician (part of newborn screening for domestic students)
2. Make an appointment at a local Quest Diagnostics (<https://sicklecelltesting.pwnhealth.com/>)

Franklin Pierce University is not financially responsible for any cost associated with obtaining a sickle cell solubility test.

Please send PDF Sickle Test Results to itchkavichm@franklinpierce.edu

Subject of the email should indicate athlete's first and last name



Student-Athlete Information

I the undersigned,

- 1) Certify to the best of my knowledge that my answers to the questions of this health history screening are complete and accurate.
- 2) Grant permission to the Franklin Pierce Athletic Training Staff, personnel or agents (i.e. Coaches and Strength and Conditioning Staff) to secure necessary and appropriate emergency and non-emergency medical care.
- 3) Understand that having passed a medical evaluation does not necessarily mean that I am physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify me at the time of said evaluation.
- 4) Understand that if I am removed from a practice or game or willingly leave a practice or game due to an injury or illness, that I must have appropriate written medical clearance before returning to participation.
- 5) I understand that it is my responsibility to report any injury, illness, or symptoms to the Franklin Pierce Athletic Training Staff as soon as the injury/illness occurs or as soon as symptoms are experienced. I also understand that failure to report injury/illness/symptoms in a timely manner may increase the risk of complications and impedes the ability of the Franklin Pierce Athletics Training Staff to provide timely and adequate treatments.

Acknowledgement of Risk:

I understand that athletic participation has risks. Risks of athletic participation include but are not limited to significant joint or bone injury, brain or spinal cord injury, internal organ injury or death. I understand that these risks can be minimized but not eliminated during athletic participation. I am willing to accept those risks and will not hold Franklin Pierce University responsible for any injuries I sustain while participating in intercollegiate practices and contests while enrolled at Franklin Pierce University.

I give permission to the Franklin Pierce Athletic Training Staff to speak with the Strength and Conditioning Staff, Coaches, Team Physicians or Athletic Administration about my injuries, treatment or illnesses on a need-to-know basis.

I allow for the exchange of all medical information between Franklin Pierce Health Service staff and Franklin Pierce Athletic Training Staff. Yes No

Student-Athlete Signature: _____

Signature of Parent/Guardian: _____

*If Student/Athlete is under 18 years of age

Date this form was completed (mm/dd/yyyy): _____