

Athletic Training Checklist (New Players)

SportsWare Portal: REQUIRED BY EVERYONE

- Step 1- Create SportsWare
www.swol123.net account
 - School ID: Colonial
- Step 2- Log-on- information from SportsWare is e-mailed to you
- Step 3- Log onto SportsWare
- Complete Section 1- MY INFORMATION
 - General
 - Address
 - Emergency
 - Insurance- Complete and Upload card
 - Medical
- Complete Section 2- MEDICAL HISTORY
- Complete Section 3- FORM
 - Download Physical form- Upload
 - Upload Sickle Cell Form
 - Electronic Signatures checked off
 - Upload Husky information page

NCAA Forms: REQUIRED ONLY IF NEEDED

Need to have doctor complete additional forms (included in packet) and mail them in

- Currently diagnosed with ADHD
- Currently using an inhaler for Asthma and/or Anaphylaxis
- Use of an *anabolic agent or peptide hormone must be approved by the NCAA before the student-athlete is allowed to participate.

Everything
should be
uploaded and
completed
By JULY 15th

Log in Instructions

www.swol123.net to get to Sportsware site*

CSMI SPORTSWARE
MAKING THICKING SOFTWARE

Athletes: 2,394,181
Injuries: 4,624,300
Treatments: 16,144,482
ATCs Online: 567

What's New



New Billing Database
Added KQ1 - 150 Items
Click here to contact us.

SportsWare User Tips

- New News Features
- Importing and Printing Brand/Model Data into SportsWare Online
- Importing and Printing Injuries Data into SportsWare Online
- Adds Facial Scans
- Using KQ1 - 150 Items in SportsWare Online
- Licensing and Log in Messages

SportsWare - #1 since 1991



SportsWare for Athletic Trainers
Athletic Trainers in grade schools, high schools, colleges and professional teams around the globe rely on SportsWare to record, manage, and report their athletic training room information.



SportsWare for Athletic Coaches
Coaches can access player status, roster and travel reports. Also accessible from mobile devices eliminating the need to carry paper files with emergency contact, insurance information and medical data.



SportsWare for Athletes and their Parents
Athletes and their parents to enter and track emergency contacts, insurance, health history and other basic information directly into SportsWare Online.

Publications

- New Features - Concussion ToolBox
- New Features - Updated Reporting Functionality
- Monthly Email - March 2017
- Customer Newsletter - February 2017
- Customer Interview - Dan Sheffer, Our Lady of Lourdes Memorial Hospital
- Monthly Email - February 2017

Sign In

Email:

Password:

Reset Password / Forgot Password

Athlete/Parent
Want to join SportsWare?

Need an answer now?

Computer Sports Medicine, Inc.



STEP 1:

Click here to register and create a Sportsware account.
Your school ID is:
Colonial

STEP 2:

You will receive a confirmation email from SPORTSWARE (swol123.net). This will not happen instantly. It may take a couple days.

E-Mail allenm@wcsu.edu

If you have not heard back

If you have still not heard back please email
football@wcsu.edu

Once you login -you will be taken to your Portal (front page)
Please follow the step by step process provided

CSMI

SPORTSWARE

INJURY TRACKING SOFTWARE

Page: Dashboard

My Info

Med History

Forms

Print

Institution: Western Connecticut State Univ

Athlete: Nevitt, Andrew

ATHLETE'S PORTAL - ATHLETE

Forms

You have 7 form(s) to complete/download.

Status

Your Athlete Information is **INCOMPLETE**. Please click [here](#) to complete it.

Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.

Game Status:

Practice Status:

Cleared To Play: No

Notices And Handbooks

Open

Tip: concussion home instruction sheet

No pending referrals.

Sign Out

No records found.

Show: Today

This Week

March 2019

Sun Mon Tue Wed Thu Fri Sat

25 26 27 28 1 2 3

4 5 6 7 8 9 10

11 12 13 14 15 16 17

18 19 20 21 22 23 24

25 26 27 28 29 30 31

1 2 3 4 5 6 7

Change Photo

(Areas to be filled out)

Once you log in you will be taken to your Portal.

- My Info
- Med History
- Forms
- Print

March 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

ATHLETE'S PORTAL - ATHLETE

Forms
You have 7 Form(s) to complete/download.

Status
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Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.

Game Status:
Practice Status:
Cleared To Play: No

Notices And Handbooks

Open	Concussion Home Instruction Sheet
------	-----------------------------------

No pending referrals. Show: Today This Week

Sign Out
No records found.



Change Photo

Click here to begin
MY INFO section

My Info: Address Tab



Page: Athlete Address

Institution: Western Connecticut State Univ

Athlete: Nevil, Andrew

Save Cancel

General Address Emergency Insurance Medical

Primary Address

Address *

City *

State *

Zip Code *

Country *

Phone *

Cell *

Beeper *

Secondary Address:

Address

City:

State

Zip Code

Country

Phone

Cell

Beeper

E-Mail Address

Fill in information requested. Everything with a red star (*) Is REQUIRED

My Info: Insurance Tab

MUST-BE COMPLETED

Primary Insurance Company

Company
Address

City
State
Zip
Phone

Billing ID

Policy Holder

Last Name
First Name
Middle Initial
Address

City
State
Zip
Phone

Date of Birth
Member ID

Policy Information

Policy #
Group #
Plan
Type

See First

Phone

No file chosen

Insurance Card

Primary Insurance Company

Company
Address

City
State
Zip
Phone

Billing ID

Policy Holder

Last Name
First Name
Middle Initial
Address

City
State
Zip
Phone

Date of Birth
Member ID

Policy Information

Policy #
Group #
Plan
Type

See First

Phone

No file chosen

Insurance Card

Upload Insurance Card online (Front and Back)

Once you finished all 5
sections hit save and
submit.

Then move on to either medical history or
E-Forms. (Same rule applies upon completion!)

*If you missed filling out a required section you will
be notified when you hit save*

Once back to your portal select the medical history tab.

[My Info](#) [Med History](#) [Forms](#) [Print](#)

March 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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ATHLETE'S PORTAL - ATHLETE

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Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.

Game Status:

Practice Status:

Cleared To Play: No

Notices And Handbooks

Title	
Open	completion home instruction sheet

No pending referrals.

Show: ☐ Today ☐ This Week

Sign Out

No records found.



[Change Photo](#)

Click here to begin
Medical History
Section

Forms

- Where you would download and print your Sports Physical to take to the doctor- We have provided a copy already
- Electronic signature needed - DONE WITH A CLICK
- If you have HUSKY insurance where you would add upload form from AccessHealthCT
- Where you would upload the Sickle Cell form- there is no form to take to your doctor- You are requesting documentation from them, to upload

Physical Form

- Required to participate in the Fall
- Must be uploaded to Forms Section when completed
- We have provided the form (Preparticipation Sports Physical) / You can also download the form in this section

Western Connecticut State University
Pre-participation Sports Physical

Must be accompanied by completed medical history and within 6 months of participation.

STUDENT NAME: _____ Date of Birth: _____
DATE OF EXAM: _____

Height: _____ Weight: _____ BMI: _____ R/P: _____ Pulse: _____

	Normal	N/A	Abnormal Findings
Appearance			
Skin			
HEENT			
Lymph Nodes			
Heart			
• Supine			
• Upright			
• Variable			
• Squatting			
Lungs			
Abdomen/			
Genitals			
Neuro			
Musculoskeletal			
• Neck			
• Shoulder/Upper Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Knee			
• Ankle/Foot			
• Gait			

Sickle Cell

When you go to your doctor. You must have a Sickle Cell test done if you have never had one. (REQUIRED BY EVERYONE) If you had one they must provide the Lab Results from your test. You must leave with a copy of these results.

Must provide proof of either having or not having sickle cell or sickle cell trait.

A lab test through blood drawn will give a result (you can have this done along with your physical!)

Once lab results come back take the results and upload them to E-forms section of Sportsware (same process as uploading physical).

Label it "Sickle Cell Test"

Important: Husky Insurance holders

You have one additional step to take to
complete insurance requirement

You will find this form
With your information
on Access Health

You can do this
yourself- you need your
User ID and Password

1-855-805-4325 call to
get info

access health CT



Person ID: [REDACTED]
Client ID: [REDACTED]
Application ID: [REDACTED]



Road
CT 06904

Mailed: November 14, 2017

Here are the Results of your Health Care Renewal

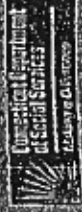
Dear [REDACTED]

We received your health care renewal on November 5, 2017. This letter has the results of your renewal application and lists any follow-up steps that you may need to take.

Your Application Results

Person	Health Coverage	Coverage Start	Coverage End
[REDACTED]	Is eligible for ALL STAR 2017 ✓ You selected this coverage ✓ You keep your current health coverage and November 30, 2017.	December 01, 2017	November 30, 2018

For more information on your renewal, please visit the Health Care Renewal website at www.huskyhealthcare.com. If you have any questions, please call 1-855-805-4325. If you are unable to reach us, please visit the Health Care Renewal website at www.huskyhealthcare.com. If you are unable to reach us, please visit the Health Care Renewal website at www.huskyhealthcare.com.



4301

Page 1 of 1

NCAA Forms:

REQUIRED ONLY IF IT PERTAINS TO YOU
**THIS SECTION MUST BE FAXED OR MAILED
TO THE WCSU ATHLETIC TRAINERS**

Mailing Address:

Fax :

Mark Allen

Pete Alveren

WCSU

(203) 837-8583

181 White St

Attention: NCAA FORMS

Danbury, CT 06810

Attention: WAC Stadium

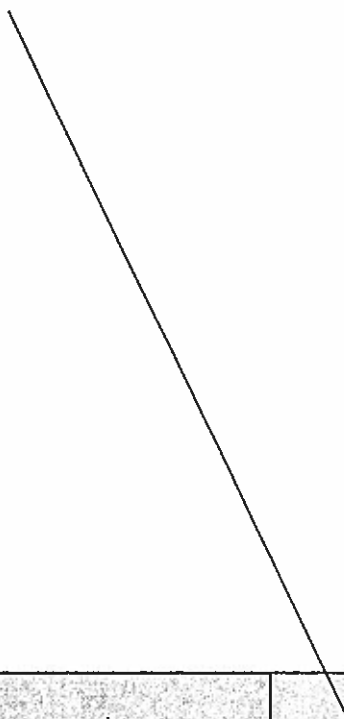
Log in Instructions

To find it through the school Use the link provided below:
http://www.wcsuathletics.com/information/Athletic_Training

(ADDITIONAL DIRECTIONS INCLUDED AT THIS SITE)

ATHLETIC TRAINING INFORMATION <i>all forms best viewed with Internet Explorer/Safari or Firefox</i>	<u>Medical Clearance</u> MANDATORY ATHLETIC CLEARANCE FORMS
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Select medical Clearance link on
next page (top right corner of
web page



Forms to take to your Sports Physical

- Pre-participation form MUST be filled out by your doctor and uploaded to Sportsware (Sportsware is online profile that you must create- information is included)
 - Upload by going to Forms Section in Sportsware hit ADD-Label as Sports Physical
 - Both the front and back pages MUST be filled out and uploaded
 - Please schedule and complete and upload physical portion by June 30th to make this process easier.

- Next 3 items only needed to be taken to the doctor IF they pertain to you (These are then mailed back to our trainer Mark Allen)
 - Treatment of diabetes form
 - ADD/ADHD documentation for stimulant
 - Asthma/Anaphylaxis documentation

(Take to your doctor, after completed UPLOAD to Sportsware >> Forms section >> Add)
 Label as Sports Physical in Sportsware BOTH SIDES OF THIS FORM

Western Connecticut State University
Pre-participation Sports Physical

Must be accompanied by completed medical history and within 6 months of participation.

STUDENT NAME: _____ Date of Birth: _____

DATE OF EXAM: _____

Height: _____ Weight: _____ BMI: _____ B/P: _____ Pulse: _____

	Normal	N/A	Abnormal Findings
Appearance			
Skin			
HEENT			
Lymph Nodes			
Heart:			
• Supine			
• Upright			
• Valsalva			
• Squatting			
Lungs			
Abdomen			
Genitalia			
Neuro			
Musculoskeletal:			
• Neck			
• Back			
• Shoulder/Upper Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Thigh			
• Knee			
• Lower Leg			
• Ankle			
• Foot			

Assessment:

(Take to your doctor, after completed UPLOAD to Sportsware >> Forms section >> Add)
Label as Sports Physical in Sportsware BOTH SIDES OF THIS FORM

After review of the attached medical history and examination of the patient, the athlete is:

_____ Cleared for full participation in intercollegiate athletics.

_____ NOT cleared for athletic participation at this time.

_____ Cleared provisionally, but with the following additional specialty clearance, *if indicated by attached WCSU medical history questionnaire*:

Cardiologist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Neurologist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Orthopedist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Examiner's
signature: _____

Date: _____

Stamp required:

Phone: _____

(WCSU HS 4/2017)



Western Connecticut State University Athletic Training

William A. O'Neill Athletic & Convocation Center – 181 White Street – Danbury, Connecticut – 06810

Athletic Training Staff: Mark Allen, Patrick Hull, Peter Algarin, and Lindsey Davis

☎ (203) 837-9016, 9032, or 9063 Fax: (203) 837-9050

Dear Health Care Provider,

Your patient plans to or has already participated in intercollegiate athletics at Western Connecticut State University. The NCAA (National Collegiate Athletic Association) requires all student-athletes prescribed with stimulant medication(s) for the treatment of asthma/anaphylaxis provide documentation to allow for a medical exemption. The NCAA allows exceptions to be made for those student-athletes who have a documented medical history demonstrating the need for treatment with a banned drug.

Specific documentation is required so please take the time to review and complete the "Medical Exception Asthma/Anaphylaxis Form". This form must be completed and stored in the Western Connecticut State University Athletic Training Room prior to the start of participation and is a part of their medical clearance.

Documents can be given to the student-athlete, their parents (if a minor) or sent to the address listed below.

Sincerely,

Mark Allen
Head Athletic Trainer/Professor
Western Connecticut State University
WAC Stadium
West side Campus
203-837-9016
Allenm@wcsu.edu

**MUST BE TAKEN TO DOCTOR IF THIS
PERTAINS TO YOU- THEN UPLOAD THE
BACKPAGE OF THIS FORM TO
SPORTSWARE**

Send Documentation to:

Mark Allen
Western Connecticut State University
181 White St, Danbury, CT. 06810
WAC Stadium
West-Side Campus



Western Connecticut State University Athletic Training
William A. O'Neill Athletic & Convocation Center – 181 White Street – Danbury, Connecticut – 06810

Asthma/Anaphylaxis Medical Exception Form

Student-Athlete Name

Date of Birth

Physician Name

Phone Number

_____ has been under my care for the treatment of asthma/anaphylaxis since _____.

Please provide the following information to better aid our ability to inform the NCAA of the need for this medication.

Explain the current diagnosis:

What is the current medication and dosage: _____

Reason for the medication: _____

Has the student-athlete undergone any formal testing to confirm the diagnosis: _____

Have any alternative non-stimulant medications been considered, or tried with unsatisfactory clinical results:

The student-athlete will follow-up with me in _____.

Physician Signature

Date

I, student-athlete name) _____, give (physician name) permission to release all information regarding my treatment for Asthma/Anaphylaxis to Western Connecticut State University and the NCAA. This authorization is valid for the entirety of my intercollegiate participation at Western Connecticut State University. I may revoke this authorization at any time by submitting a letter in writing to Mark Allen, Head athletic Trainer, with the understanding that all information released prior to my revocation is excluded.

Student-athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



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☎ (203) 837-9016, 9032, or 9063 Fax: (203) 837-9050

Dear Health Care Provider,

Your patient plans to or has already participated in intercollegiate athletics at Western Connecticut State University. As a part of his/her medical clearance the NCAA mandates that any student-athlete taking stimulant medication (s) for treatment of ADD/ADHD provide documentation to allow for a medical exception. The NCAA allows exception to be made for those student-athletes who have a documented medical history demonstrating the need for treatment with a banned drug.

In the event that a student-athlete tests positive during NCAA testing this documentation must be readily available for review. Specific documentation is required so please take the time to review what is being requested and complete the information listed on the attached Medical Exception Documentation Reporting Form.

All information will be collected by the Western Connecticut State University Athletic Training Department and stored in the players file.

Sincerely,

Mark Allen
Head Athletic Trainer/Professor
Western Connecticut State University
WAC Stadium
West side Campus
203-837-9016
Allenm@wcsu.edu

**MUST BE TAKEN TO DOCTOR IF THIS
PERTAINS TO YOU- THEN MAILED
BACK TO THE ADDRESS PROVIDED**

Send Documentation to:

Mark Allen
Western Connecticut State University
181 White St, Danbury, CT. 06810
WAC Stadium
West-Side Campus

**NCAA Medical Exception Documentation Reporting Form
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
and Treatment with Banned Stimulant Medication**

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: _____

Institutional Representative Submitting Form:

Name _____
Title _____
Email _____
Phone _____

Student-Athlete Name _____

Student-Athlete Date of Birth _____

To be completed by the Student-Athlete's Physician:

Current Treating Physician (print name): _____

Specialty: _____

Office address _____

Physician signature: _____ Date _____

Check off that documentation representing each of the items below is attached to this report

- ☐ Diagnosis.
- ☐ Medication(s) and dosage.
- ☐ Blood pressure and pulse readings and comments.
- ☐ Note that alternative non-banned medications have been considered, and comments.
- ☐ Follow-up orders.
- ☐ Date of clinical evaluation: _____
- ☐ Attach written report summary of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.

The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.

<http://documentcenter.ncaa.org/msaa/saa/HealthandSafety/FormsTemplates/06142012ADHDreportingform.docx/RHB>

Documentation MUST be provided for all of these bullet points



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☎ (203) 837-9016, 9032, or 9063 Fax: (203) 837-9050

Dear Health Care Provider,

Your patient plans to or has already participated in intercollegiate athletics at Western Connecticut State University. As a part of his/her medical clearance the NCAA mandates that any student-athlete testing positive for the treatment of Diabetes with "Peptide Hormones and Analogues" provide documentation to allow for a medical exception. The NCAA allows exceptions to be made for those student-athletes who have a documented medical history demonstrating the need for treatment with a banned drug.

Specific documentation is required so please take the time to review what is being requested. A letter or copies of medical notes from the prescribing physician that the diagnoses was reached, and that the student-athlete has a medical history demonstrating the need for treatment with a banned medication. Please include drug and drug dosage information.

All information will be collected by the Western Connecticut State University Athletic Training Department and stored in the student-athletes file. Additional copies will be sent to the NCAA for review. Documents can be given to the student-athlete, his parents (if a minor) or sent to the address listed below.

Sincerely,

Mark Allen
Head Athletic Trainer/Professor
Western Connecticut State University
WAC Stadium
West side Campus
203-837-9016
Allenm@wcsu.edu

**MUST BE TAKEN TO DOCTOR DURING
PHYSICAL, IF THIS PERTAINS TO YOU-
THEN MAILED BACK TO THE ADDRESS
PROVIDED**

Send Documentation to:
Mark Allen
Western Connecticut State University
181 White St, Danbury, CT, 06810
WAC Stadium
West-Side Campus

NCAA Medical Exception Documentation Reporting Form
Pre-approval for Treatment with Anabolic Agents or Peptide Hormones

NCAA Medical Exception Procedures require that the use of an *anabolic agent or peptide hormone must be approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications. To submit for a medical exception for these substances:

- Complete this form:
- Attached medical documentation supporting the diagnosis and treatment (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting).
- Submit form and medical documentation to Mary Wilfert, mwilfert@ncaa.org , prior to student-athlete competing while using these banned drugs.

To be completed by the Institution:

Institution Name: _____

Institutional Representative Submitting Form:

Name _____
Title _____
Email _____
Phone _____

Student-Athlete Name _____
Student-Athlete Date of Birth _____

To be completed by the Student-Athlete's Physician:

Current Treating Physician (print name): _____
Specialty: _____
Office address _____
Physician signature: _____ Date _____

Check off that documentation representing each of the items below is attached to this report

- ☐ Diagnostic evaluation, include any laboratory work supporting the diagnosis.
- ☐ Treatment history.
- ☐ Medication(s) and dosage.
- ☐ Note that alternative non-banned medications have been considered, and comments.
- ☐ Follow-up orders.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.