

June 1, 2007

Dear Parent of a Fort Lewis College Athlete:

We are very pleased to have your son/daughter as a candidate for our Fort Lewis College (FLC) Athletic Program. We believe very strongly in our program and will make every effort to make it competitive and educationally sound.

This athlete registration packet is to assist the athletic training staff in providing comprehensive, efficient, and cost effective medical services. **It is imperative that you provide accurate and complete information regarding your son/daughters medical history and his/her insurance coverage.**

The Fort Lewis College Medical Staff would like to have a complete medical history for all athletes. This will assist us in providing the best possible health care for your son or daughter while he/she participates as a FLC student-athlete. Please submit medical records for ALL major injuries or illnesses that have occurred in the past five years.

We do require ALL Fort Lewis College Athletes to carry a personal health insurance plan, or be included on a family full medical health policy. This policy must provide comprehensive, all-inclusive, full medical coverage for athletics (football inclusive), and must be able to approve services and pay providers in the Durango area. The primary purpose of this requirement is to allow the Fort Lewis College medical staff to provide the most optimum services; physician availability, diagnostic tests, diagnosis, treatment, surgery and physical therapy in a timely manner. We would like to minimize the personal expenses and delays encountered when a student athlete must be sent home for evaluation.

If your insurance plan is NOT on the attached (CONTRACT) list:

I. You must (minimally) purchase the supplemental athletic rider through the Student Health Insurance Program (\$396 annually). The athletic rider can be added onto other personal insurance plans to cover athletic injuries that occur while participating in intercollegiate athletics **(pending insurance contract, contact the Student Health Center 970/247-7355)**

OR

II. Provide written documentation from your insurance carrier that your child will be covered in this region. If your insurance carrier is an HMO or PPO, it is your responsibility to contact the Primary Care Physician's Office and make them aware that your child is attending college at Fort Lewis College in Durango, Colorado. This is best done in advance to obtain necessary referrals and minimize confusion at the time of injury. It is the patient's financial responsibility to cover the difference between In-network vs Out-of-network plans.

Because of the excessive cost of "full coverage" insurance, it is necessary for Fort Lewis College to carry "excess coverage" insurance. This means that it pays benefits **ONLY AFTER TAKING INTO CONSIDERATION THOSE AMOUNTS PAYABLE UNDER PERSONAL MEDICAL PLANS**. We at Fort Lewis College do not have the option of waiving this provision. Therefore, we must require you to provide us with information concerning the insurance you carry for your son or daughter.

It has become evident that the majority of group medical (health/accident) insurance plans have a substantial deductible and normally 80% coverage. To continue to carry a comprehensive "excess" policy (\$75,000 medical plus an unlimited lifetime benefit for catastrophic injury), we must limit the acceptable deductible to \$250.00 maximum per injury, and a minimum \$25,000 cap on coverage. We have also instituted an athlete-sharing concept to meet the expenses for medical coverage for our athletes. Therefore, all FLC student-athletes are charged a \$75 non-refundable fee which will be billed to their College account..

In case of an injury, YOU, the hospital, or physician's office will file the claim with YOUR insurance carrier. Fort Lewis College (up to the \$250 deductible/20% coinsurance) and/or our secondary insurance, up to the limits of the policy, will pay that portion which is not paid by your insurance. Also, please read the enclosed insurance claim procedures and retain for your records in the event of injury to your son or daughter. This page will become helpful in the processing of insurance claims with the hospital, physicians office, your insurance carrier, and Fort Lewis College.

Please notify the FLC Athletic Training Department of any modifications in YOUR insurance coverage, employment status, home address or other personal demographics that may change during the course of the year. This will expedite the process of contacting you in the event of an emergency or the processing of insurance claims.

Thank you for your cooperation.

Kent Stanley
Director of Athletics

Dear Athletes and Parents:

I wish to take this opportunity to introduce the Fort Lewis College athletic medical staff. I am currently in my thirteenth year at FLC. I came to Fort Lewis College from the University of New Mexico where I had been an Assistant Head Athletic Trainer and Curriculum Instructor for ten years. My experience in athletic training at national and international competitions assists the FLC student-athlete to attain personal levels of success.

Andrew Vanous, a Fort Lewis College alum and Assistant Athletic Trainer begins his fourth year with the Skyhawks. Andy brings experience from positions at Stanford and San Jose State.

Megan Pales begins her second year with the FLC Skyhawks as an Assistant Athletic Trainer and Clinical Coordinator. A Megan a University of Utah (BS) and Auburn University (MEd) graduate also completed a one year internship at the United States Olympic Training Center in Chula Vista California.

We have access to numerous physicians who have made a notable commitment to the college with their professional time facilitating the care of the student population as a whole, but particularly the evaluation and treatment of athletic injuries and illnesses. Their involvement has significantly improved the ability to evaluate and treat any particular medical concerns in an efficient and timely manner. Communication between the athletes, coaches, parents and the athletic training staff is crucial.

Dr. Field Blevins of Animas Orthopedic Associates is a board certified, fellowship-trained, orthopedic surgeon with special interest and expertise in sports medicine, knee and shoulder injuries. He understands the special circumstances often involved with athletic injuries and the importance of communication with the patient, family and athletic trainer.

Durango Orthopedic Associates is a local group of orthopedic physicians committed to providing quality orthopedic and rehabilitative care to the Four Corners region. The orthopedic physicians are board certified by the American Academy of Orthopedic Surgery and have interest in the care and treatment of sports-related injuries. Dr. Rich Lawton has a Fort Lewis College academic appointment; performed his residency at the Mayo Clinic in Rochester NY, and sports medicine fellowship at the Steadman-Hawkins clinic in Vail.

Members of both orthopedic groups are often seen on the sidelines of FLC sporting events, provide weekly clinic in the Athletic Training Room or are available for immediate "on-call" consultation.

The Fort Lewis College health center is staffed full time by Ginny Newman, PA-C. A former high school and college athlete, Ginny has been a Physician Assistant since 1983 and comes to Fort Lewis College from Los Alamos, New Mexico, where she practiced family medicine for 14 years. The health center provides a wide range of care, much like you would find in a family practice office, including injury and illness care, sexual health care and preventative services. During the regular school year, the health center also has the services of three family physicians for six hours per week.

Dr. Joe Murphy is a board certified family practitioner. He has been affiliated with Fort Lewis College for more than 22 years and provides clinic services at the Student Health Center on campus. His affiliation with Mercy Regional Medical Center provides for a full range of medical services.

Founded in 1882, Mercy Regional Medical Center has grown to become Southwest Colorado's largest and most technologically advanced hospital. Professional, amateur, and collegiate athletes have turned to Mercy for care since sports have been played in the region. The hospital's 135 physicians provide care in more than 35 medical specialties, including sports medicine, orthopedic surgery, emergency medicine, and cardiology. The 82-bed hospital, which opened in June of 2006, features all private patient rooms, state-of-the-art diagnostics, WiFi connectivity, a healing garden, espresso bar, gourmet kitchen, and more. The hospital's campus is conveniently attached to a medical office building that is home to a same-day surgery center and physician and physical therapy practices that specialize in the treatment and rehabilitation of injured athletes. Mercy Regional Medical Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the nation's predominant standards-setting and accrediting body in health care. JCAHO accreditation is recognized nationwide as a symbol of quality. Mercy is a private, not-for-profit hospital.

If you have any questions regarding the athletic medical services provided, the athletic insurance programs, or the individual condition of your son or daughter, please contact me.

Wayne Barger ATC
Head Athletic Trainer
970/247-7576
barger_w@fortlewis.edu

FORT LEWIS COLLEGE
DEPARTMENT OF ATHLETICS
PARENT'S AUTHORIZATION FORM

Dear Athlete, Parent, and Medical Provider;

The Fort Lewis College Athletic Insurance Policy, that provides insurance for your son or daughter for injuries occurring while participating in practice or competition of intercollegiate athletics, is "EXCESS or SECONDARY" to any other collectable insurance benefits. This simply means that any claims for benefits must first be filed with the primary insurance company providing coverage to your son or daughter. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY CHARGES. Fort Lewis College does not waive the option of filing with your insurance.

It is the patient's responsibility to obtain a referral for services from the PCP or HMO provider. It is recommended that the student athlete make contact with the physician's office prior to attending school (Fort Lewis College) each year.

PLEASE PRINT

Athlete's Full Legal Name: _____ Sport: _____
Athlete's SSN: _____ Date of Birth: _____ Gender: Male or Female
Parent/Guardian Name: _____ SSN: _____
Parent/Guardian E-mail Address: _____
Home Address (Street, City, State, Zip Code): _____
Telephone: (____) _____ Cell phone (____) _____
Parent/Guardian Employer: _____ Parent/Guardian Employer Telephone: (____) _____
Parent/Guardian Employer's Address (Street, City, State, Zip Code): _____
Insurance Company: _____
Claims Address (Street, City, State, Zip Code) _____
Claims Telephone: (____) _____
Policy #: _____ Group #: _____ Deductible (\$250 max): _____ Copay % _____
Is your son or daughter covered under the above policy? Yes No
Does your insurance require pre-authorization for services? Yes No Telephone # (____) _____
Does your insurance require a second opinion for surgery? Yes No
Is your insurance a: PPO HMO Other: _____
Name of Provider Physician: _____ Telephone # (____) _____

AUTHORIZATION TO FILE UNDER PRIMARY PLAN (check one)

_____ I hereby authorize a claim to be filed on my behalf under the above medical insurance policy in the event an athletic injury is sustained by my son or daughter named above.

_____ My son or daughter carries his/her own health insurance policy. *(Complete Information Below)*

Insurance Company: _____
Claims Address (Street, City, State, Zip Code) _____
Claims Telephone: (____) _____
Policy #: _____ Group #: _____ Deductible (\$250 max): _____ Copay % _____
Does your insurance require pre-authorization for services? Yes No Telephone # (____) _____
Does your insurance require a second opinion for surgery? Yes No
Is your insurance a: PPO HMO Other: _____
Name of Provider Physician: _____ Telephone # (____) _____

To all physicians, medical professionals, hospitals, clinics, other health care providers, insurers, employers, group policyholders, insurance support organizations, and other persons who have information about the above named patient. Information that is disclosed under this authorization may be disclosed again by Fort Lewis College. I permit the release of any medical and insurance information about me to the Head Athletic Trainer at Fort Lewis College, or the "EXCESS" Insurance Provider. This applies to all information about the diagnosis, treatment, prognosis, or insurance claims of any illness or injury I now have or have had in the past for appropriate athletic participation, injury rehabilitation, or claim processing. This is effective for one (1) year past the date provided below. I understand that I may revoke or terminate this authorization by submitting a written revocation to Fort Lewis College Department of Athletics and I will not be denied treatment if I refuse to sign this authorization. I will, however, not be allowed to participate in intercollegiate athletics without appropriate medical insurance coverage. I certify that all the information is true and correct to the best of my knowledge.

Signature of Athlete: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

FORT LEWIS COLLEGE DEPARTMENT OF ATHLETICS
INSURANCE CLAIMS PROCEDURES
PLEASE READ, COPY, AND RETAIN FOR YOUR RECORDS

1. The Parent's Authorization Form must be completed and on file with Wayne Barger, FLC Head Athletic Trainer, along with a photocopy of your insurance card (both sides), driver's license, and policy exclusion pages.
2. A seventy-five dollar (\$75) non-refundable FLC Athletic Insurance fee will be billed to the student-athletes' College account.
3. Most medical providers (doctors, hospitals, and clinics) bill your insurance directly. If you do receive a bill, file it with your insurance company immediately.
4. Copies of ALL bills and Explanations of Benefits (EOB's) need to be forwarded to Wayne Barger promptly.
5. Any additional information that your insurance requires (i.e. verification of student status, signed claims, etc.) is your responsibility to submit.
6. The FLC Athletic Insurance will not process a claim until all primary insurance claim procedures have been completed. Failure to do this will result in your responsibility of unpaid bills.
7. By utilizing both your major medical insurance and the FLC athletic insurance as secondary or "excess", all bills will be paid in full. You will not be required to pay your insurance deductible, up to \$250 or any co-insurance amounts (20%).
8. On any condition that may be excluded by your major medical policy, you will be responsible for the deductible of the Fort Lewis College athletic insurance (\$7500).
9. Fort Lewis College will not cover interest from collection agencies due to non-action on medical charges from providers.
10. Supplemental/hospitalization policies are not an acceptable type of health/accident insurance for our program. The policy must be a full medical insurance policy with a minimum \$25,000 cap.
11. If information is incomplete or inaccurate, the parents/identified policyholder or guardians will be responsible for bills incurred as a result of injury.

IF AT ANYTIME YOU HAVE QUESTIONS, CONCERNS, OR CHANGES IN THE STATUS OF YOUR INSURANCE PROGRAM PLEASE DO NOT HESITATE TO CONTACT: Wayne Barger, Head Athletic Trainer, Fort Lewis College, 1000 Rim Drive, Durango, CO 81301-3999. Office 970/247-7576 Fax 970/247-7568 or e-mail barger_w@fortlewis.edu

FORT LEWIS COLLEGE ATHLETIC PREPARTICIPATION REGISTRATION CHECKLIST

This checklist is provided to the athletes, parents or guardians of all Fort Lewis College student-athletes. We hope this simplifies the registration process of your son/daughter for FLC athletics. We want to provide the best possible medical care with the least amount of difficulty to you. This will be ensured if you carefully read the enclosed material, provide a complete and accurate medical history, and insurance information.

Please return the following necessary information at your **earliest** convenience. Your son/daughter will **NOT** be allowed to participate in FLC athletics until these documents are on file in the Athletic Training Room.

_____ **Parent's Authorization Form:** The information provided will allow the physician's office or hospital to file directly to the insurance provider. Then you will receive an Explanation of Benefits (EOB) for incurred expenses from your insurance company.

_____ **A copy of the exclusionary page of the applicable insurance policy:** If the insurance is with an HMO that does not have a contracted hospital and/or physician(s) in Durango, an authorization letter from the HMO must be provided indicating approval for services at Durango Orthopedic Associates, Animas Orthopedic Associates, Mercy Regional Medical Center in Durango and its affiliated physicians. **If this is not possible, insurance coverage that is valid in the Durango area is mandated.** This would eliminate the need for your son/daughter to travel to a limited site each time they require medical attention (physician, hospital, or physical therapy). It provides consistent care, more effective communication with the medical staff and coaches, and less time away from academics.

_____ **A copy, front and back, of the driver's license and insurance card that your son/daughter carries for health coverage:** This will expedite the registration process at the hospital or physicians office.

_____ **Athletic Insurance Fee:** A seventy-five dollar (\$75) non-refundable FLC Athletic Insurance fee will be billed to the student-athletes' College account.

_____ **Agreement to Participate:** Please carefully read, understand, sign, and date. (NOTE: There is a specific Agreement to Participate form for you and your son to complete if he is participating in the sport of football.)

_____ **Medical History Form:** Please complete as accurately as possible. There is a medical UPDATE FORM for returning athletes. Please make sure you have completed the proper form.

_____ **Immunization Record:** Required by Fort Lewis College Student Health Center. The Athletic Training Room will forward this information to the Student Health Center.

_____ **Declaration of Understanding:** Substance Abuse Education Program and Financial Aid Agreement.

**CONTRACTED INSURANCE CARRIERS
DURANGO ORTHOPEDIC ASSOCIATES
April 1, 2007**

Blue Cross (All Plans): HMO and Blue Cross Prime
(Out of Network) Require Referral
Blue Cross of New Mexico: Referral Required
Child Health Plan Plus: Authorization Required
Cigna Healthcare of Colorado (PPO Only): Referral
Required
Colorado Medicaid: Monthly Card Required
Colorado Medicare
Durango Network (5/30/07)
Great West Healthcare
Indian Health Services Referral Required
Mountain Medical Affiliates (MMA)
New Mexico Medicaid: Monthly Card Required
Medicare
PacifiCare (PPO Plans) not contracted HMO plan
Pinnacol Assurance (SelectNet)
Rocky Mountain Health Plans
Sloans Lake Managed Care (SLMC): Referral
Required
Tricare
UnitedHealthcare (through PacifiCare contract)

***For all others please advise patients to call their
insurance and verify if they show us as contracted or
non-contracted providers. You can also direct them to
Billing Department if they need assistance.***

**CONTRACTED INSURANCE CARRIERS
ANIMAS ORTHOPEDIC ASSOCIATES
June 1, 2007**

Aetna
Anthem Blue Cross/Blue Shield
Blue Cross/Blue Shield of Colorado
Blue Cross/Blue Shield of New Mexico (thru Durango
Network)
Community Care Network (CCN)
Champus/Tri-Care/TriWest
Child Health Plan (needs referral from PCP)
ChoiceCare Network (Humana)
CIGNA Healthcare of Colorado (PPO) (thru the
Durango Network)
First Health (CCN Network) (thru the Durango
Network)
Focus Healthcare Management (Aetna Work Comp)
Fortis (thru Sloans Lake)
Great West Healthcare (thru the Durango Network)
Healthcare Advantage
Health Management Affiliates (HMA)- Navajo Nation
thru The Durango Network
Indian Health Service (need prior authorization from
HIS for all visits
Medicaid: Colorado
New Mexico (not Kircher)
Arizona (not Hanosh or Kircher)
Utah (not Hanosh)
PacifiCare of Colorado (HMO, PPO)
Pacific Life and Annuity (CCN, First Health)
PHCS (Private HealthCare Systems) (thru the Durango
Network)
Pinnacol Assurance (Workers' Comp)
Presbyterian Health Plan (thru the Durango Network)
Rocky Mountain Health Plan
San Juan IPA (Farmington self-funded employers)
Secure Horizons (PacifiCare senior plan)
Sloans Lake Managed Care (thru the Durango Network)
TriCare/TriWest
United HealthCare

***We accept all (in-state and out-of-state) workers'
compensation insurance plans, assuming treatment has
been preauthorized.***

FORT LEWIS COLLEGE

AGREEMENT TO PARTICIPATE AND RELEASE

I am aware that participation in the sport of _____ can be dangerous and may involve **RISK OF INJURY**. I understand that by participating in the sport identified above, I may be exposed to risks and dangers inherent to the sport. Such risks and dangers include but are not limited to sprains, strains, fractures, contusions, dislocations, subluxations of the cervical vertebrae, and trauma to the head which may result in neurological damage, paralysis, or death. I further understand that my participation in this sport, as well as travel to and from related events, may result in serious injury and may impair my future abilities to earn a living or to engage in other business, social and recreational activities. Given all of these risks, however, I still intend to participate in this activity.

By my signature below, I hereby release and hold harmless the Board of Trustees of Fort Lewis College, by and through Fort Lewis College, its officers, faculty, employees and agents (collectively Fort Lewis College), from any and all liability that may arise from my participation in the above-referenced activity. I further agree not to sue, or otherwise assert claims, against Fort Lewis College arising from the above-referenced sport. I further understand and represent that:

1. This document has specific legal implications and I have had the opportunity to have counsel review this document before I have signed;
2. (Check only one)
 - ____ I am eighteen years of age or older, and of sound mind
(Parent/Guardian Signature & Notary Not Required)
 - or
 - ____ I am under eighteen years of age and cannot participate without my Parent or
Guardian’s consent as required below (Parent/Guardian Signature & Notary Required);
3. While participating in this activity, I am subject to all FLC policies and procedures, including the Student Conduct Code;

FLC Student Athlete – Signature

Parent/Guardian – Signature (if required, must be notarized)

Printed Name

Printed Name

Address/Phone

Date

Date

STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me this ____ day of
_____, 20____, by _____.
My Commission Expires: _____

Notary Public

- YES NO Have you ever had asthma?
- YES NO Have you ever had tuberculosis?
- YES NO Have you ever had appendicitis or an appendectomy?
- YES NO Have you ever had arthritis?
- YES NO Have you ever had a hernia or rupture?
- YES NO Have you ever had hives?
- YES NO Have you ever had any allergies?
- a. Hay Fever _____ Specify _____
- b. Drugs _____ Specify _____
- c. Foods _____ Specify _____
- d. Poison Ivy or Oak _____
- e. Other _____
- YES NO Are you allergic to bee stings or insect bites?
- YES NO Have you had any illness requiring bed rest of one week or longer during the past three years? If so, give date and nature of illness:

Head and Neck Injuries

- YES NO Have you ever been “knocked out” or experienced a concussion during the past five years? If yes, give dates:
If the answer to the above question is yes, have you been “knocked out” more than once? Give dates:
If the answers to the above two questions are yes, did the attending physician have you stay overnight in a hospital?
- YES NO Have you ever had a jammed neck, pinched nerve, whiplash, severe headache or blackouts? If so, when?
- YES NO Have you ever had a broken blood vessel in the throat area? If so, what happened? Give dates:

Eyes and Dental

- YES NO Do you wear glasses?
- YES NO Do you wear contact lenses?
If the answer to either of the above two questions is yes, do you wear them during athletic participation?
- YES NO Do you have extra sets of contact lenses?
- YES NO Do you have only one set of eyeglasses?
- YES NO Do you have loss of sight in either eye? If yes, which one?
- YES NO Do you wear any dental appliance (i.e. permanent bridge, permanent crown or jacket, removable partial or full plate)? If yes, describe:
- YES NO Do you have any dead teeth? Please indicate approximate location:
- YES NO Do you have any teeth missing? If yes, how many and where?
- YES NO Do you ever wear a mouthpiece?

Bone and Joint

- YES NO Have you ever had a fracture (broken bone) during the last two years? If yes, indicate site of fracture and date:
- YES NO Have you ever been treated for Osgood-Schlatter’s disease (painful bone development below the knee)?
- YES NO Have you ever been treated for calcium deposits? If yes, give location:
- YES NO Do you have calcium deposits now? If yes, give location:
- YES NO Have you ever had a shoulder dislocation, separation, or other injury? Describe:
- YES NO Have you ever been advised to have surgery to correct a shoulder condition?
If the answer to the above question is yes, has surgery been performed? Give date:
- YES NO Have you ever experienced an injury to your throwing arm, elbow or shoulder?
- YES NO Have you ever experienced a severe sprain, dislocation or fracture to the fingers? If yes, give date:
- YES NO Have you ever experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give date:
- YES NO Have you ever had an injury to your back?
If the answer to the above question is yes, did you seek the advice or care of a medical doctor or chiropractor?

- YES NO Do you experience pain in the back? If yes, indicate frequency with which you experience pain (i.e. very seldom, occasionally, frequently, only during/after vigorous exercise):
- YES NO Do you think your back is weak?
- YES NO Have you experienced a strain during the past two years of either knee with severe swelling accompanying the injury?
- YES NO Have you ever been told that you injured the ligaments of either knee joint?
- YES NO Have you ever been told that you injured the cartilage of either knee joint?
- YES NO Have you ever been told that you have a "trick knee"?
- YES NO Have you ever been advised to have surgery to a knee to correct a condition?
If the answer to the above question is yes, has surgery been performed? Give date:
- YES NO Have you ever experienced a severe sprain of either ankle during the past two years?
- YES NO Do you have a pin, screw or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of injury:
- YES NO Have you ever had any injury to the neck involving nerves, vertebrae, or vertebral discs?
- YES NO Have you ever had a bone graft or a spinal fusion? If yes, indicate site:
- YES NO Have you ever had synovial fluid (water in the knee or elbow) removed?

General

-
- YES NO Have you ever experienced heat exhaustion and/or heat stroke? If yes, when?
- YES NO Have you ever experienced hyperventilation (rapid breathing which caused you to feel ill)?
- YES NO Have you had any operations during the past five years? If yes, indicate anatomical site of operation and date:
- YES NO Have you ever been advised by a medical doctor not to participate in sports? If yes, for what reasons?
- YES NO Are you currently on prescribed medications or drugs? If yes, indicate name of drug and reason for prescription:
- YES NO Have you had any organs removed during the past 12 months? If yes, list them:
- YES NO Do you experience any problems with menstruation? If yes, please describe:
- YES NO Do you have irregular menstrual cycles?
- YES NO Are you currently and routinely taking an oral contraceptive? If yes, how long have you been taking them (months, years)?
If the answer to the above question is yes, what is the name of the brand and manufacturer?
- YES NO Are you using an IUD at the present time as a method of birth control? If yes, what type?
- YES NO Do you have frequent nosebleeds?
- YES NO Are you prone to any conditions in athletics such as blisters, shin splints, etc? If so, please describe:
- YES NO Have you required any special adhesive taping, wrapping, or protective devices (braces) for participation in athletics? If yes, indicate and give details:
- YES NO Have you ever had muscle spasms? If yes, indicate where and date:
- YES NO Do you have any physical or mental condition(s) not mentioned above for which you have or have not received treatment?
- YES NO Are you currently taking any medications (including anabolic steroids, growth hormones)? If yes, indicate medication and dosage:

All of the above questions have been answered completely and truthfully to the best of my knowledge.

Signature of Athlete _____ Date _____

**Standard Authorization of Use and Disclosure of Protected Health Information for
Fort Lewis College Student Athletes**

I, _____ am an athlete at Fort Lewis College. My medical care is provided through the Fort Lewis College athletic training center and affiliated medical providers. I understand that I may revoke or terminate this authorization by submitting a written revocation to Fort Lewis College at any time and that the provided information from this authorization may be shared with affiliated medical providers to enhance my medical care. I understand that I **may** refuse to sign this authorization.

- If I do refuse to sign this authorization the Fort Lewis College Department of Athletics would not allow me to further participate in intercollegiate athletics on behalf of Fort Lewis College.
And/or
- The Fort Lewis College Department of Athletics would be unable to assist me in the requisition and reconciliation of post injury insurance claims.

The disclosure of the following information is for the purpose(s) of athletic participation, rehabilitation, and/or insurance claim reconciliation for the following injury _____ that occurred on _____ (date) and subsequent dates of service thereafter. This authorization is effective through _____ (date) or until all insurance claims are completely reconciled or unless revoked or terminated earlier by the patient or the patient's representative.

The information covered by this authorization includes:

- Summary of Medical Records (includes discharge summary, operative report, H & P, pathology)
- Laboratory reports
- X-ray reports
- Pathology reports
- ER Record/outpatient Logs
- Progress notes/flow sheets
- Operative reports
- History & Physical
- Insurance Bills (HCFA, UB9 forms) and Explanation of Benefits (EOB's)
- Other: _____

Patient Name (Print or Type)

Signature of Patient

Date

Signature of Legal Representative

Relationship to Patient

Date of Birth

Please direct all information/communication to:

**Wayne Barger ATC
Head Athletic Trainer
Fort Lewis College
1000 Rim Drive
Durango, CO 81301**

**Telephone: 970-247-7576
Fax: 970-247-7568**