

**Eastern Connecticut State University
NEW STUDENT-ATHLETE
Medical Clearance Instructions**

Athletic Training / Sports Center / 83 Windham Street, Willimantic, CT 06226
Fax: (860) 465-0324 email: alexanderju@easternct.edu

REQUIREMENT	INSTRUCTIONS	DUE DATE
REQUIRED (PRIOR TO SIGNING CONSENT FORM)	NCAA Concussion Video and Fact Sheet <ul style="list-style-type: none"> View video and read fact sheet prior to signing consent form https://www.youtube.com/watch?v=T3FLRDxbLXg http://fs.ncaa.org/Docs/health_safety/ConFactSheetsa.pdf 	August 1 st
REQUIRED (PRIOR TO SIGNING CONSENT FORM/ REQUIRED PRIOR TO SIGNING SICKLE CELL WAIVER)	NCAA Sickle Cell Videos (Part 1 and Part 2) and Fact Sheet <ul style="list-style-type: none"> View videos and read fact sheet prior to signing consent form https://www.youtube.com/watch?v=EiEpmZLLcuM&feature=youtu.be https://www.youtube.com/watch?v=lbFWP39tF1A&feature=youtu.be http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf 	August 1 st
REQUIRED	Emergency Contact/Insurance Information/Medical History Questionnaire <ul style="list-style-type: none"> Submit information to SportsWare 	August 1 st
REQUIRED	Insurance Card <ul style="list-style-type: none"> Please upload copy to SportsWare and update if insurance changes 	August 1 st
REQUIRED	Consent Form <ul style="list-style-type: none"> Complete and submit SportsWare form, must be signed by parent if under 18 	August 1 st
REQUIRED	Proof of Sickle Cell Trait Status <ul style="list-style-type: none"> Upload a copy of your sickle cell trait status to SportsWare, from neonatal screen or blood test laboratory report Waiver option available if unable to access neonatal screen or laboratory report 	August 1 st
REQUIRED (IF YOU ARE PRESCRIBED STIMULANT MEDICATION)	Stimulant Medication FORM (1 page) <ul style="list-style-type: none"> Required one time, only if you are prescribed stimulant medication (i.e. Adderall, Ritalin, Vyvanse). Print and have form <u>completed and signed by your physician</u>, upload form to SportsWare, update if prescription changes. 	August 1 st
REQUIRED	Pre-participation Examination Form (PPE)(2 pages) <ul style="list-style-type: none"> PPE (2 pages) must be completed by a physician of your choice, <u>must be within 6 months of sport start date</u> If you are being evaluated by an off campus practitioner, print the PPE form, have the form completed by physician, then upload to SportsWare or email to address listed above If necessary, Student Health Services practitioners will complete your PPE for your convenience. Please refer to the attached Student Health Services calendar and contact them directly for an appointment during the month indicated for your team 	August 1 st or ASAP after date of physical exam

Eastern Connecticut State University – Student Health Service

MASTER SCHEDULE

ANNUAL SPORTS PHYSICALS – RETURNING ATHLETES

JANUARY	FEBRUARY	MARCH
BASEBALL SOFTBALL MEN'S LAX WOMEN'S LAX NEW ATHLETES (TRYOUTS)	OUTDOOR TRACK & FIELD	FENCING
APRIL	MAY	JUNE
MEN'S SOCCER WOMEN'S SOCCER FIELD HOCKEY VOLLEYBALL	ICE HOCKEY FOOTBALL CHEERLEADING	FOOTBALL MEN'S RUGBY
JULY	AUGUST	SEPTEMBER
FOOTBALL MEN'S RUGBY	CROSS COUNTRY FOOTBALL MEN'S RUGBY	SWIMMING FALL BALL ATHLETES WHO NEED UPDATES NEW ATHLETES (TRYOUTS)
OCTOBER	NOVEMBER	DECEMBER
MEN'S BASKETBALL WOMEN'S BASKETBALL INDOOR TRACK		BASEBALL SOFTBALL MEN'S LAX WOMEN'S LAX