

**Eastern Connecticut State University
RETURNING 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 ANNUALLY (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 	ASAP
UPDATE REQUIRED ANNUALLY	UPDATE: Emergency Contact/Insurance Information/Insurance card <ul style="list-style-type: none"> • Update all information on SportsWare, if your insurance has changed, upload a copy of your new insurance card (front and back). 	ASAP
UPDATE REQUIRED ANNUALLY	UPDATE: Medical History Questionnaire <ul style="list-style-type: none"> • Complete a new medical history questionnaire on SportsWare, this is required annually. 	ASAP
REQUIRED ANNUALLY	NEW: Consent Form <ul style="list-style-type: none"> • Complete a consent form on SportsWare, this is required annually. 	ASAP
REQUIRED ANNUALLY	ANNUAL: Pre-participation Examination Form (PPE) (2 pages) <ul style="list-style-type: none"> • Student Health Services practitioners will complete PPE for your convenience, they will provide a copy of the PPE to Athletic Training • Please refer to the attached Student Health Services calendar and contact them for appointment during the month indicated for your team • IF YOU HAVE RECENTLY HAD YOUR ANNUAL PPE EXAMINATION COMPLETED AT STUDENT HEALTH SERVICES, YOU DO NOT NEED TO REPEAT THIS PROCESS • If you are being evaluated by an off campus practitioner, print the form, have the form completed by physician, then upload to SportsWare or email to the address listed above 	ASAP after date of physical exam
REQUIRED (IF YOU HAVE ADHD AND ARE PRESCRIBED A STIMULANT MEDICATION, OR IF YOU PRESCRIPTION HAS CHANGED)	UPDATE IF APPICABLE: Stimulant Medication Form <ul style="list-style-type: none"> • Upload a Stimulant Medication Form if you have a new stimulant medication prescription, or if your prescription has changed (i.e. Adderall, Ritalin, Vyvanse). • Form available to print on SportsWare, must be signed by prescribing physician. 	ASAP after initial prescription or prescription change.

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