

# ***STETSON SPORTS MEDICINE***

Dear Student-Athletes and Parents/Guardians,

Thank you for completing the SportsWare new student-athlete process. Enclosed please find the second phase of pre-participation paperwork for Stetson Athletics and Sports Medicine. The forms that are included are the Insurance Verification/Authorization Form, Medical History Questionnaire, Sickle Cell information sheet, Sickle Cell Screening Release, Concussion Awareness Release, and Athletic Participation Release.

Please complete all of the forms on DocuSign. ALL forms will need to be completed prior to any student-athlete being able to have a pre-participation physical by Stetson team physicians.

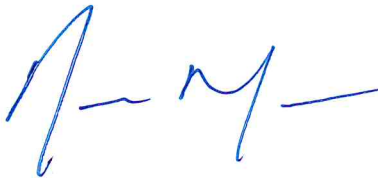
Additionally, Stetson Sports Medicine will need a FRONT and BACK copy of the student-athlete's primary health insurance card which have to uploaded to SportsWare.

All of the above information must be on file within the student-athletes file on SportsWare prior to the pre-participation physical exam and participation in a University sponsored practice or event. The student-athlete **WILL NOT BE ALLOWED TO PARTICIPATE until this information is on file. There are NO EXCEPTIONS!**

Should you have any questions regarding any of the information discussed above, please email the Stetson Sports Medicine Head Athletic Trainer Tim Miesmer M.Ed., ATC at [TMiesmer@stetson.edu](mailto:TMiesmer@stetson.edu).

Thank you for your cooperation in this matter and welcome to Stetson University.

Sincerely,



Tim Miesmer, M.Ed., ATC  
Head Athletic Trainer  
Stetson University

# ***STETSON SPORTS MEDICINE***

Dear Student-Athlete and Parent/Guardian,

**ALL student-athletes are required to provide proof of PRIMARY health insurance prior to participation in Stetson University sponsored intercollegiate athletics. If you do not have primary health insurance, Stetson Sports Medicine can provide information on how to obtain primary health insurance.**

Stetson's athletic insurance policy provides **SECONDARY** coverage for our student-athletes. This means that before the secondary policy can cover any athletic injury bill, our insurance carrier must receive an itemized bill and explanation of benefits (EOB) which must be turned in to the Stetson Sports Medicine Insurance Coordinator, Ashley Ford, either by fax ((386-822-8143) or by scanning and emailing the documents to [ABFord@stetson.edu](mailto:ABFord@stetson.edu).

The Stetson policy **does NOT cover pre-existing conditions, pre-existing injuries, illnesses, or conditions that are determined to be "non-athletic."** This is limited accident insurance. It is an ACCIDENT only policy and does not cover loss or expenses resulting from sickness, disease, or bodily infirmity. Please make sure that you and/or your son/daughter have medical insurance that will cover expenses that result from all illnesses and injury not incurred during a Stetson Athletics sponsored event.

Our policy will not cover expenses from second opinions or treatments from medical personnel who are not affiliated with our athletic department without prior approval from the Head Athletic Trainer and/or Stetson Team Physician.

First aid treatment and medical suggestions often originate in the athletic training room. This originating point and follow-up suggestion in **NO** way implies that Stetson University Athletics and Sports Medicine will be financially responsible for bills (ex: athlete is injured during a 'pick-up' basketball game and seeks advice from the sports medicine staff).

If your policy contains specific requirements (i.e. second opinions, specific hospital or doctor, etc.) **please clearly state the requirement(s)** on the attached Insurance Verification and Authorization Form (IVAF). The IVAF must be COMPLETELY filled out on DocuSign and a COPY of the student-athletes primary insurance card (FRONT AND BACK) must be uploaded to their profile on SportsWare.

**HMO/PPO Policy Holders:** It is extremely important to the sports medicine staff whether or not your insurance company is a HMO or PPO, or otherwise limits coverage to an authorized list of physicians and/or hospitals in the DeLand, FL area. If your insurance is an HMO it will be extremely beneficial to provide a list of physicians and treating facilities (Hospitals, Urgent Care Centers, etc.) in the DeLand area. Specific physicians affiliated with Stetson Sports Medicine are listed on the IVAF.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tim Miesmer', followed by a horizontal line.

Tim Miesmer, M.Ed., ATC  
Head Athletic Trainer  
Stetson University

## INSURANCE VERIFICATION/AUTHORIZATION FORM

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

Please complete all information on this form. You may need to consult with your insurance company to verify insurance benefits and questions.

Student-Athlete Name: _____		DOB: _____		SSN: _____	
Home Address: _____				Phone: _____	
Parent/Guardian (1) Name: _____		DOB: _____		SSN: _____	
Home Address: _____				Phone: _____	
Employer: _____		Work Address: _____			
Parent/Guardian (2) Name: _____		DOB: _____		SSN: _____	
Home Address: _____				Phone: _____	
Employer: _____		Work Address: _____			
Primary Insurance Company: _____			Policy Holder Name: _____		
Claims Address: _____			Phone: _____		
Policy/Member ID # _____			Group #: _____		
Insurance Type: _____		Rx Bin #: _____		Effective Date: _____	
				Termination Date: _____	

1. Do I need a referral from my primary care physician for office visits to specialists? ☐ Yes ☐ No
2. Do I have out-of-network benefits? ☐ Yes ☐ No
3. Am I required to assign a primary care physician while at school in Deland, Florida? ☐ Yes ☐ No
4. Are any of the following providers in my network? **Please check all that apply:**  
☐ Dr. Bruce Rankin (386)740-7080   
 ☐ Dr. Mohammed Azif (386)822-8150   
 ☐ Dr. John Hill (386)774-0016   
 ☐ None of these

If the above providers are **not** in network with your insurance, what primary care providers in Deland are participating providers?

Physician Name/Contact Information \_\_\_\_\_

I certify that the foregoing information and answers are true and complete to the best of my knowledge and belief.

**Insurance Coverage Changes:** I understand that it is my responsibility to advise the Stetson Sports Medicine Staff of any health insurance coverage changes or lapses in order to obtain appropriate medical providers for a sports injury and for authorization under the University's Sports Accident policy if/when necessary should health insurance coverage be dropped. Failure to do so may result in unnecessary out of pocket medical expenses.

**Personal Info/Insurance Information Release:** I hereby authorize the Stetson University Athletic Department to share the above personal and insurance information with medical providers and insurance companies as needed in conjunction with obtaining appropriate medical providers for treatment of an athletic injury or emergency medical treatment and/or for filing a claim for an intercollegiate sports injury.

**Medical Records Authorization:** I also authorize Stetson University and its staff, and their Athletic Insurance carrier to inspect, share or obtain copies of medical records in conjunction with a sports related injury including, but not limited to: explanation of benefits, case history records, laboratory reports, diagnosis, physician treatment/medical notes, diagnostic testing results, any other pertinent data and insurance/billing information concerning a current sports injury or previous injuries, confinements and/or disabilities as may be needed for sports activities assessments, treatment plans or for athletic sports injury insurance claims processing. A photocopy of this authorization shall be deemed as effective and valid as the original.

\_\_\_\_\_  
 Student-Athlete Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Legal Guardian Signature (Required if student under age 18)

\_\_\_\_\_  
 Date

**STETSON UNIVERSITY SPORTS MEDICINE  
AUTHORIZATION FOR THE TREATMENT  
AND MEDICAL CARE OF A MINOR**

To Whom It May Concern:

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(Student-Athlete Name)

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(Student-Athlete Date of Birth)

- ☐ I acknowledge that my son/daughter is over the age of 18 and does not require parental consent for medical treatment by Stetson University Sports Medicine, Student Health Services and Stetson University Counseling Center. I also authorize the medical care and treatment by any other medical professionals or facilities as needed.
- ☐ I acknowledge that my son/daughter is under the age of 18, and I give authorization for the Stetson University Sports Medicine, Student Health Services and Stetson University Counseling Center Staffs to treat my son or daughter in the event of any injury or illness. I also authorize the medical care and treatment of my son or daughter by any other medical professionals or facilities as needed.

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(Student-Athlete Signature)

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(Parent/Legal Guardian Signature)

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(Date)

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(Date)

**STETSON UNIVERSITY SPORTS MEDICINE  
STUDENT-ATHLETE HEALTH SCREENING FORM**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Year in School: \_\_\_\_\_  
Campus/Dorm Address: \_\_\_\_\_ Campus Mailbox: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Parent or Guardian to notify in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Family History:** Has anyone in your immediate family had any of the following: (Describe and give relationship)

YES	NO		YES	NO	
<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	Sickle Cell Anemia
<input type="radio"/>	<input type="radio"/>	Allergies	<input type="radio"/>	<input type="radio"/>	Cystic Fibrosis
<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	Death under age of 50
<input type="radio"/>	<input type="radio"/>	Migraines	<input type="radio"/>	<input type="radio"/>	Heart Trouble
<input type="radio"/>	<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Drug Abuse
<input type="radio"/>	<input type="radio"/>	Cancer	<input type="radio"/>	<input type="radio"/>	Alcohol Abuse

**GENERAL**

**Individual History:** Have you had or do you now have:

YES	NO		YES	NO		YES	NO	
<input type="radio"/>	<input type="radio"/>	Tendency to faint	<input type="radio"/>	<input type="radio"/>	Mitral valve prolapse	<input type="radio"/>	<input type="radio"/>	Respiratory Disease
<input type="radio"/>	<input type="radio"/>	Hernia	<input type="radio"/>	<input type="radio"/>	Atrial Fibrillation	<input type="radio"/>	<input type="radio"/>	Hearing Loss
<input type="radio"/>	<input type="radio"/>	Frequent urination	<input type="radio"/>	<input type="radio"/>	Marfan's Syndrome	<input type="radio"/>	<input type="radio"/>	Perforated Ear Drum
<input type="radio"/>	<input type="radio"/>	Kidney Problems	<input type="radio"/>	<input type="radio"/>	Racing of your heartbeat	<input type="radio"/>	<input type="radio"/>	Discharge from ear(s)
<input type="radio"/>	<input type="radio"/>	Loss of function or absence of kidney	<input type="radio"/>	<input type="radio"/>	Slowing of heartbeat	<input type="radio"/>	<input type="radio"/>	Recurrent Sinus infections
<input type="radio"/>	<input type="radio"/>	Loss of function or absence of paired organ	<input type="radio"/>	<input type="radio"/>	Heart Disease	<input type="radio"/>	<input type="radio"/>	Tendency to bruise easily
<input type="radio"/>	<input type="radio"/>	Diabetes (High Blood Sugar)	<input type="radio"/>	<input type="radio"/>	Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	Convulsions or Epilepsy
<input type="radio"/>	<input type="radio"/>	Diabetes (Low Blood Sugar)	<input type="radio"/>	<input type="radio"/>	Heart Attack	<input type="radio"/>	<input type="radio"/>	Appendicitis
<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>	<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Appendectomy
<input type="radio"/>	<input type="radio"/>	Disordered Eating	<input type="radio"/>	<input type="radio"/>	Low Blood Pressure	<input type="radio"/>	<input type="radio"/>	Measles
<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	Chicken Pox
<input type="radio"/>	<input type="radio"/>	Vocal Chord Dysfunction	<input type="radio"/>	<input type="radio"/>	Recurrent skin infections	<input type="radio"/>	<input type="radio"/>	Mumps
<input type="radio"/>	<input type="radio"/>	Heat Related Illness	<input type="radio"/>	<input type="radio"/>	Recurrent fungal infections	<input type="radio"/>	<input type="radio"/>	Irritable Bowl Syndrome
<input type="radio"/>	<input type="radio"/>	Chest pain during activity/rest	<input type="radio"/>	<input type="radio"/>	Athlete's foot	<input type="radio"/>	<input type="radio"/>	Ulcers
<input type="radio"/>	<input type="radio"/>	Chest pain after activity/rest	<input type="radio"/>	<input type="radio"/>	Cancer	<input type="radio"/>	<input type="radio"/>	Gastrointestinal Trouble
<input type="radio"/>	<input type="radio"/>	Dizziness during activity/rest	<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>	Tumors, Cysts, etc.
<input type="radio"/>	<input type="radio"/>	Dizziness after activity/rest	<input type="radio"/>	<input type="radio"/>	HIV	<input type="radio"/>	<input type="radio"/>	Thyroid Disorder
<input type="radio"/>	<input type="radio"/>	Heart Murmur	<input type="radio"/>	<input type="radio"/>	Sickle Cell Trait or Anemia	<input type="radio"/>	<input type="radio"/>	Protective brace(s)
<input type="radio"/>	<input type="radio"/>	Wolff Parkinson White Syndrome	<input type="radio"/>	<input type="radio"/>	Rheumatoid Arthritis	<input type="radio"/>	<input type="radio"/>	<b>MEN:</b> Loss of function or absence of a testicle(s)

**GENERAL****VISION****YES NO**☐ ☐

1. Have you ever had an eye related injury?

If yes, which eye(s)

☐ Right☐ Left☐ Both

Please explain: \_\_\_\_\_

☐ ☐

2. Do you have impaired vision?

If yes, which eye(s)

☐ Right☐ Left☐ Both**DENTAL****YES NO**☐ ☐

1. Have you ever had a damaged tooth/teeth?

If yes, please explain: \_\_\_\_\_

☐ ☐

2. Do you wear dentures, partials, false teeth, permanent retainer, custom mouth guard, etc?

If yes, please explain: \_\_\_\_\_

☐ ☐

3. Have you had your wisdom teeth removed, or any type of oral surgery?

If yes, please explain: \_\_\_\_\_

**HEAD****YES NO**☐ ☐

1. Have you ever had a brain concussion/injury?

If yes, how many times? \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

How long did it take you to return to play? \_\_\_\_\_

☐ ☐

2. Have you ever experienced a loss of consciousness due to a brain concussion/head injury?

If yes, how many times? \_\_\_\_\_

☐ ☐

3. Have you ever sustained a fracture to your skull, jaw, nose or face?

If yes, please explain: \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

☐ ☐

4. Did you see a physician for any of the above injuries?

If yes, explain and include date(s): \_\_\_\_\_

☐ ☐

5. Did you have surgery for any of the above injuries?

If yes, explain and include date(s): \_\_\_\_\_

**NECK****YES NO**☐ ☐

1. Have you ever experienced neck pain?

If yes, please explain: \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

☐ ☐

2. Have you ever experienced a "stinger" or "burner" in your neck?

If yes, please explain: \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

☐ ☐

3. Have you ever sustained a fracture to any vertebrae in your neck?

If yes, please explain: \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

☐ ☐

4. Have you ever sustained a herniated and/or bulging disc in your neck?

If yes, please explain: \_\_\_\_\_

Date of Injury(ies): \_\_\_\_\_

☐ ☐

5. Did you see a physician for any of the above injuries?

If yes, explain and include date(s): \_\_\_\_\_

**GENERAL****BACK****YES NO**

- ☐ ☐ 1. Have you ever injured your back or have recurring back pain?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 2. Have you ever been told you have a congenital spinal defect (i.e. scoliosis, spinal stenosis, spondylosis, etc.) ?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 3. Have you ever fractured a vertebrae or sustained a herniated/bulging disc?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 4. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 5. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**SHOULDER****YES NO**

- ☐ ☐ 1. Have you ever had a significant shoulder injury?  
If yes: ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_
- ☐ ☐ 2. Date of Injury(ies): \_\_\_\_\_  
Have you ever sustained a shoulder dislocation, A/C sprain, A/C separation, or a fractured collarbone?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 3. Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 4. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_  
Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**ELBOW/FOREARM****YES NO**

- ☐ ☐ 1. Have you ever had an elbow or forearm injury?  
If yes: ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 2. Have you ever sustained a UCL sprain, radial fracture, or ulna fracture?  
If yes, please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 3. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 4. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**HAND/WRIST****YES NO**

- ☐ ☐ 1. Have you ever had a significant hand or wrist injury?  
If yes: ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 2. Have you ever sustained a dislocated finger, fractured finger, or wrist fracture?  
If yes, please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_

**GENERAL - Cont.****HAND/WRIST - Cont.****YES NO**

- ☐ ☐ 3. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 4. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**HIP/THIGH****YES NO**

- ☐ ☐ 1. Have you ever had a significant hip or thigh injury?  
If yes: ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 2. Have you ever sustained a dislocated hip, fractured femur, or a muscle strain?  
If yes, please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 3. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 4. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**KNEE****YES NO**

- ☐ ☐ 1. Have you ever had a significant knee or lower leg injury?  
If yes: ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 2. Have you ever sustained a dislocated patella, fibula fracture, tibia fracture, or stress fracture?  
If yes, please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 3. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 4. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_

**ANKLE/FOOT/TOE****YES NO**

- ☐ ☐ 1. Have you ever had a significant ankle/foot/toe injury?  
If yes, ☐ Right ☐ Left ☐ Both  
Please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 2. Have you ever sustained an ankle sprain, high ankle sprain, or fractured a bone in your foot?  
If yes, please explain: \_\_\_\_\_  
Date of Injury(ies): \_\_\_\_\_
- ☐ ☐ 3. Do you wear orthotics?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 4. Did you see a physician for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_
- ☐ ☐ 5. Did you have surgery for any of the above injuries?  
If yes, explain and include date(s): \_\_\_\_\_



## ALLERGIES

YES NO

- ☐ ☐ 1. Are you allergic to medication(s)?

### Medications

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

### Signs/Symptoms of Allergic Reaction

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

- ☐ ☐ 2. Are you allergic to specific food(s), environmental, or other allergen(s)?

### Allergen

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

### Signs/Symptoms of Allergic Reaction

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

## MISCELLANEOUS

YES NO

- ☐ ☐ 1. Do you currently take any medications frequently? (over-the-counter or prescription)

If yes, please list:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

- d. \_\_\_\_\_  
e. \_\_\_\_\_  
f. \_\_\_\_\_

- ☐ ☐ 2. Do you take any supplements? (i.e. pre-workout, protein, mass gainer, etc.)

If yes, please list:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

- d. \_\_\_\_\_  
e. \_\_\_\_\_  
f. \_\_\_\_\_

- ☐ ☐ 3. Have you ever been told you have ADD or ADHD? \_\_\_\_\_

- ☐ ☐ 4. Do you take medication for ADD or ADHD?

If yes, please specify: \_\_\_\_\_

- ☐ ☐ 5. Have you ever had an ADD/ADHD workup? \_\_\_\_\_

A copy of all ADD/ADHD workup must be submitted.

- ☐ ☐ 6. Have you ever been diagnosed with a psychological condition? (Depression, anxiety, etc.)

If yes, please specify: \_\_\_\_\_

- ☐ ☐ 7. Have you ever been told to cease participation in athletics due to a medical problem?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ ☐ 8. Have you ever had a serious illness(es) or hospitalizations not covered by the previous categories.

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

**FEMALE ATHLETES ONLY**  
**GYNECOLOGICAL HISTORY**

**YES   NO**

- ☐ ☐ 1. Do you have a history of gynecological problems?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 2. Is there any history of gynecological problems within your family?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 3. Have you ever had a gynecological examination?  
If yes, date of last exam: \_\_\_\_\_
- ☐ ☐ 4. Have you ever been diagnosed with ovarian cysts?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 5. Have you ever been diagnosed with breast cancer?  
If yes, please explain: \_\_\_\_\_
6. Age of menstrual onset: \_\_\_\_\_
7. Do you get your period monthly?  
If no, how often: \_\_\_\_\_
8. Usual duration of menstrual cycle: \_\_\_\_\_ Days
9. Do you consider your monthly flow:      ☐ Mild      ☐ Moderate      ☐ Severe
- ☐ ☐ 10. Do you have cramping?  
If yes, is it:      ☐ Mild      ☐ Moderate      ☐ Severe
- ☐ ☐ 11. Are you currently using a prescription contraceptive? (oral, transdermal, etc.)  
If yes, please provide your current prescription information: \_\_\_\_\_
12. Date of last menstrual cycle: \_\_\_\_\_

The information provided is a complete history of the injuries and illnesses that I have sustained to date. I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information will absolve the Stetson University Department of Athletics of any responsibility for my subsequent medical care regarding any such predisposing condition(s).

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Student-Athlete is under 18

\_\_\_\_\_  
Date

**For Sports Medicine Staff Use ONLY**

---

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Evaluated By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Sickle Cell Trait Information

(Excerpts from National Athletic Trainers Association (NATA Consensus Statement)

Sickle Cell disease is an inherited disorder that affects red blood cells. Sickle cell trait is a condition in which there is only one gene for the formation of sickle hemoglobin and one for the formation of normal hemoglobin. Usually, people with sickle cell trait do not have any medical problems and then can lead normal lives. They do not develop sickle cell disease.

During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or "sickle". This change, exertional sickling, can pose a grave risk for some athletes. In the past seven years, exertional sickling has killed nine athletes, ages 12 through 19.

Research shows how and why sickle red cells can accumulate in the bloodstream during intense exercise. Sickle cells can "logjam" blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved of blood. Major metabolic problems from explosive rhabdomyolysis can threaten life. Sickling can begin in 2-3 minutes of any all-out exertion and can reach grave levels soon thereafter if the athlete continues to struggle. Heat, dehydration, altitude, and asthma can increase the risk for and worsen sickling, even when exercise is not all-out. Despite telltale features, collapse from exertional sickling in athletes is under-recognized and often misdiagnosed. **Sickling collapse is a medical emergency.** The following is a description and examples of specific, significant or non-obvious dangers and risks associated with sickling collapse: dehydration, collapse from ischemic rhabdomyolysis (the rapid breakdown of muscles starved of blood), heat exhaustion, muscle cramps, fainting, paralysis, coma and death.

In addition to African Americans (1 in 12), the sickle gene is also present in those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry; hence, the required screening of all newborns in the United States. While rare (one in 2,000 to 10,000), white Americans carry the sickle gene.

In the past four decades, exertional sickling has killed at least 15 football players. In the past seven years alone, sickling has killed nine athletes: five college football players in training, two high school athletes (one a 14-year old female basketball player), and two 12-year old boys training for football. Of 136 sudden, non-traumatic sports deaths in high school and college athletes over a decade, seven (5%) were from exertional sickling.

The NCAA and the NATA have recommended testing to determine Sickle Cell Trait Status. Testing for Sickle Cell Trait involves a blood draw (needle). In response to these recommendations, Stetson University has decided to offer Sickle Cell testing for all NCAA intercollegiate student-athletes. Testing is highly recommended, as knowledge of the trait can aid in the prevention of a life-threatening situation by allowing the sport medicine team to monitor signs and symptoms of the trait.

**Please note that a positive Sickle Cell trait test does not mean that you cannot participate in Stetson University Athletics.** It simply means that you, as well as the Stetson University Coaches and Athletic Trainers, need to monitor your condition and your hydration level more closely.

Please complete the attached form regarding Sickle Cell Trait status and testing.

## **SICKLE CELL TRAIT SCREENING**

### **ASSUMPTION OF RISK and LIABILITY RELEASE**

This is to acknowledge that Stetson University has provided me with information about sickle cell disease and sickle cell trait and that the disorder may adversely affect persons involved in physical exertion, sports or intense exercise. Stetson University has also informed me of the NCAA's recommendation that all student athletes be screened for the sickle cell trait if they are not aware of their sickle cell trait status in an effort to avoid future health problems, sickness or death.

I fully recognize that there are dangers and risks to which I may be exposed by participating in sports activity if I have the sickle cell disease or sickle cell trait. The following is a description and examples of specific, significant or non-obvious dangers and risks associated with the activity: dehydration, collapse from ischemic rhabdomyolysis (the rapid breakdown of muscles starved of blood), heat exhaustion, muscle cramps, fainting, paralysis, coma and death. I understand that Stetson University does not require me to participate in sports or physical activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with participating in intercollegiate sports. In consideration of and in return for the services, facilities, and other assistance provided to me by Stetson University in this activity, I release Stetson University (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity

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Student-Athlete Signature

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Print Name

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(Parent or Guardian if under 18)

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Date

Revised 4.19.2018

## Concussion Awareness Release

This is to acknowledge that Stetson University has provided me with information about concussion and head related injuries. The following is a summary of the Stetson University Sports Medicine Concussion Management Plan.

A concussion is caused by a blow to the head or body, or by a mechanism that jars the brain, and all concussions are a serious matter. You do not need to lose consciousness to have sustained a concussion. Research has demonstrated that the effects of repeated concussions are cumulative. Most athletes who experience an initial concussion can recover completely as long as they do not return to play prematurely. Following a concussion, there is a transient period of change in brain function that may last anywhere from 24 hours to several days. During this time, the brain is particularly vulnerable to more severe and even permanent injury. If an athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly. During this period, the consequences of a seemingly mild second concussion can be very severe, and several cases of death have been reported (i.e. "second impact syndrome").

ImPACT testing data and a Sport Concussion Assessment Tool (SCAT) will be obtained for ALL student-athletes their first year at Stetson. Stetson Football will be re-tested once a year for ImPACT. For all contact and high-risk sports including baseball, basketball, cheerleading, lacrosse, soccer, softball, indoor volleyball, and sand volleyball, student-athletes will be re-tested on ImPACT every other year (i.e. freshman and junior year). Anyone who has suffered a concussion during the previous school year **will** also be re-tested baseline tests (ImPACT and SCAT) and future ImPACT and SCAT test results are used as a tool in Stetson Sports Medicine's Concussion Management Protocol; they are not solely used to diagnose a concussion nor as a clearance test for final return to play decisions. Depending upon the severity of the injury, it may be necessary for the student athlete to be evaluated and/or released by a team physician or neurologist.

It is important to note that concussions can happen in any sport; however, all injuries need to be reported immediately to a member of the Stetson University Sports Medicine staff. Neuropsychological testing has proven to be an effective way to obtain useful data regarding the short and long term effects of mild traumatic brain injury. This will provide a proper baseline in which to compare post-concussion sign and symptom evaluations to assist in return to play decisions. Depending on the severity of the injury, it may be necessary for the athlete to be evaluated and/or released by a team physician or neurologist.

The purpose of this awareness release is to ensure that the athlete understands the importance of reporting all head injuries, including reporting all signs and symptoms to their athletic trainer or team physician. A concussed athlete is evaluated shortly following his or her concussion, and this information is used to determine the player's post-concussion neuropsychological status. "Return to play" decisions are made on a case by case basis, and depend on the severity of the injury, as well as the length of time signs and symptoms are present post injury.

By signing this I, \_\_\_\_\_ understand the risks involved in participating in sports at Stetson University. I have read and understood the concussion information sheet provided to me by the Stetson University Sports Medicine Staff. I agree to report all head injuries to my athletic trainer, including the reporting of all signs and symptoms related to my injury. I understand that each injury is different, and that each injury will be treated individually, with a return to play decision on an individual basis. I understand that I may need to be cleared by a team physician or a neurologist before a return to play decision may be made. By signing this, I agree to follow the direction of treatment and care designated by the Stetson University Sports Medicine Staff.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Print Name / Sport

\_\_\_\_\_  
Parent or Legal Guardian (if athlete is under 18)

\_\_\_\_\_  
Date

STETSON UNIVERSITY DEPARTMENT OF ATHLETICS  
Athletic Participation Release of Liability and Waiver of Liability

Please Read Carefully

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or participating/practicing may include, but are not limited to: death, serious neck injury, serious spinal cord injury, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, serious injury or eye impairment, and serious injury to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or participating/practicing in the Stetson University Athletic Department programs may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the dangers and risks involved in participating in intercollegiate athletics, I recognize the importance of following the Coaches and Sports Medicine staff instructions regarding playing techniques, conditioning, rehabilitation/treatment recommendations and team rules, etc., and agree to obey such instructions.

In consideration of Stetson University permitting me to play/participate for Stetson University intercollegiate athletics in all activities related to the team, including, but not limited to: trying out, practicing, playing/participating or team travel in that sport, I hereby assume all risks associated with participation and agree to hold Stetson University, it's trustees, administration, coaches, athletic trainers and athletic training interns from any and all liability, actions, causes of actions, debts, claims or demands of any kind or nature which may arise by or in connection with my participation in any activities related to the Stetson University athletic program. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

The terms here of shall serve as a complete release and waiver of liability for myself, my heirs, estate, executor, administrator assignees, and for all members of my family.

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Signature of Athlete

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Date

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Parent/Guardian Signature (if athlete is under 18 yrs. old)

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Date

# STETSON UNIVERSITY

Academic Year 2019-2020

Dear Parents/Guardians:

The purpose of this letter is to inform you that the Stetson University Drug Testing Program will be continued for the 35th year. As per last year, all Stetson University intercollegiate student-athletes will be screened for use of illegal chemicals and the abuse of any legal chemical. The cheerleading squad will be included in the drug screening program as well.

This program was developed out of a growing concern for the health and safety of our student-athletes as well as an overwhelming increase in the amount of chemical use and abuse, which is present in our society. This program is designed to help our student-athletes and not to punish them. The program will also give the student-athlete one more reason to say "NO" to chemical use and abuse, thus reducing peer pressure. Results of last year's testing were very favorable.

Enclosed please find a copy of the program for your review. Your son's or daughter's signature signifies their reviewing and acceptance of the drug screening program. Upon reviewing the program, we ask that you sign the same form.

If you have any questions or comments, please feel free to contact our Head Athletic Trainer, Tim Miesmer, at any time, (386) 822-7137.

I firmly believe that this program decreases the amount of peer pressure placed on our student-athletes and allows them to make a more individual decision in regards to the use or abuse of chemical substances.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey P. Altier", written in a cursive style.

Jeffrey P. Altier  
Director of Athletics



## **Section 11: 2018-2019 Stetson University Intercollegiate Athletic Drug Screening Program**

### **I. General**

The Stetson Intercollegiate Athletic Drug Screening Program (Program) is separate and distinct from the NCAA drug testing program (a copy of which is on file in the Sports Medicine Department and the Athletic Directors office. An additional copy is also available online for your review).

#### **A) Philosophy**

The Stetson Athletic Department condemns the use of any illegal chemicals and the abuse of any legal chemicals that endanger the safety of student-athletes. If drug use can be deterred for four years, hopefully, our student-athletes will carry a “drug-free” atmosphere away with them when they graduate. The Program is put in place to benefit everyone connected with intercollegiate athletics at Stetson, and it is designed to make Stetson student-athletes better informed to make intelligent decisions with reference to drug use.

#### **B) Program Objectives**

- Protect the health and welfare of all Stetson University student-athletes competing in intercollegiate athletics
- Identify any student-athletes that may be using drugs and to identify the drug.
- Educate student-athletes as to the effect(s) such drug use may have on the athlete and his/her team.
- Address and treat any chronic dependency.
- Provide reasonable safeguards that every student-athlete is medically competent to participate in athletic competition.

### **II. Program Implementation**

- A pre-enrollment email will be forwarded to you outlining the drug testing policy and screening process.
- A presentation will be made at the beginning of the academic year to all intercollegiate student-athletes to outline and review the Program, its purposes and implementation.
- A copy of the Program will be provided by e-mail to each first year student-athlete, the program will be located in the Student Athlete Handbook, and a copy of the Program will also be e-mailed to the parent(s) or legal guardian(s) of all student-athletes on an annual basis. The Program is also available on line for viewing on the Athletic Department website.
- All student-athletes will then be asked to sign a form acknowledging that they have received a copy of the Program and understand what is expected of them.
- The student-athletes will then be asked to voluntarily consent to the administration of urinalysis testing and a release of testing information to the following select group of athletic personnel: the Athletic Director, the Team Physician(s), the Head Coach of the athlete's sport, the Assistant Athletic Director of Compliance, the Director of Sports Medicine, and/or the supervising team athletic trainer.

### A) Failure to Cooperate

The Program is being initiated expressly to identify, assist, and educate athletes with drug related problems and is not intended to be punitive. The Program relies on voluntary cooperation from all parties involved. However, an athlete's refusal to sign the drug testing consent form or to submit a urine sample will be dealt with immediately by the Athletic Director. **A lack of cooperation on the part of the student-athlete will jeopardize his/her medical status and privilege of participating in intercollegiate athletics at Stetson University.**

### B) Drug Screening

On an on-going basis, student-athletes will be subject to random drug screening. Precautions will be made to assure the randomness of the testing. Stetson University, through its Athletic Department, reserves the right to test any athlete at any time. Student-athletes will be notified prior to the drug screening as specified in the "Drug Screening Protocol." The drug screening shall consist of the collection of a urine sample from the athlete under the supervision of the Team Physician(s), clinical laboratory technicians, or a full-time athletic trainer. **Any scheduled drug screening that is missed by a student-athlete will be considered a positive test and will carry the same ramifications.** Student-athletes unable to void at the time of the test will be required to remain at the testing area until a sample can be obtained. Each urine sample shall be analyzed for the presence of the following drugs: *Amphetamines, Barbiturates, Cocaine, Opiates, Morphine, Codeine, Tetrahydrocannabinol (THC or Marijuana) and any other drugs that may be added to the list at any time as deemed necessary by the sports medicine staff.* Other common screenings include, but are not limited to performance enhancing drugs, diuretics, stimulants for learning disabilities, etc.

#### i) Drug Screening Protocol

- All test selections will be random. The Athletics Department will determine whether random selections are made by sport, sex, or general selection. *Note: Exception is that two (2) student athletes should always be repeat tested from the most recent prior test. The two student-athletes being repeat tested will be randomly selected from the previously selected testing population.* Testing for instances of probable cause or suspicion of use may also be included during any scheduled testing session.
- The Assistant Athletic Director of Compliance or the Director of Sports Medicine will alert those student-athletes randomly selected, along with the Athletic Director, of the time and place the sample collection will take place. This notification will take place anywhere from immediately prior to the test to a maximum of 24 hours before the test. Unique circumstances may result in modifications of this notification timeline.
- The student-athlete will report to the specified testing site at the specified time.
- The student-athlete will be asked to sign and date a drug-testing consent form to confirm the student-athletes participation in the institutional drug testing program.
- The signing of the institutional consent form will be witnessed by a full-time athletic trainer and signed accordingly.
- The student-athlete will select a specimen sample sheet with their random number on it and asked to note any medications they may be currently taking. This information will remain confidential among the Team Physicians and Sports Medicine staff.
- The student-athlete will be directed to the sample collection area.
- The certified laboratory technician or full-time athletic trainer will take the specimen sample sheet and have the student-athlete select a random specimen cup.



- The student-athlete will be asked to wear a minimal amount of clothing and demonstrate that no items are being taken into the drug screening area. The student-athlete will then prepare to provide the urine sample.
- In the event a blood sample is required, clothing removal will not be necessary.
- The certified laboratory technician or full-time athletic trainer will witness all sample collections (blood or urine) and take immediate possession while maintaining security of all samples.
- The chain of custody will remain with the clinical laboratory and their staff.
- All urine specimens will then be screened and all positive tests will be immediately re-tested and confirmed by GC/MS or LC/MS from the same sample at the lab.
- All confirmed positive test samples will be stored for a minimum of one year at the lab.
- The lab will provide the Director of Sports Medicine with all test results as soon as possible upon the completion of the test.

#### ii) Outside Agency

An outside agency contracted by the University will analyze the samples. The outside agency shall report all test results to the Director of Sports Medicine, who, in turn, will review such results to determine which, if any, of the test results are positive. This process will be completed under the supervision of the Team Physicians. Every possible step will be taken to assure and maintain the accuracy and confidentiality of the test results including the maintenance of a documented chain of specimen custody to insure the identity and integrity of the sample throughout the collection and testing process. All results reported by the laboratory will be screened by immunoassay, GC/MS, or LC/MS and confirmed by GC/MS or LC/MS. Results shall be confirmed and certified by the laboratory.

### C) **Positive Result (Thresholds, Procedure and Re-testing)**

For purposes of the Program, a positive result shall mean a test result which indicates, in the opinion of the outside agency performing such testing, the presence of one or more of the above listed drugs (see: "Drug Screening") in the athlete's urine. The student-athlete will be immediately notified of a positive test result. Those who, at any time, experience a positive test can expect further screenings to be done on a consistent basis, as recommended by the substance abuse counselor and/or Team Physician(s). **After any positive test result, the student-athlete may need to submit a negative test and be approved by the Team Physician(s) prior for return to participation in intercollegiate athletics.** This requirement is in addition to the all other penalties listed below.

#### i) **First Positive Test**

After the positive result is verified and confirmed, the Director of Sports Medicine will notify the Athletic Director (A.D), the Assistant Athletic Director of Compliance, the Head Coach and the Team Physician(s) concurrently. The team athletic trainer will also be informed. The athlete will be required to attend a mandatory drug counseling assessment, which shall be arranged by the Sports Medicine staff. The drug counselor shall determine the length and manner of said counseling to best suit the student-athlete. **The student-athlete will be suspended from practice or play for a period of seven (7) consecutive days, to include a minimum of one traditional season, intercollegiate competition.** The Assistant Athletic Director of Compliance or in their absence the Director of Sports Medicine will initiate immediate contact with the student-athlete's parent(s) or legal guardian(s) and/or spouse to

advise them of the positive result. Refusal to participate in the counseling program as set forth in this paragraph will be treated and handled as a SECOND positive test result.

#### **ii) Second Positive Test**

After the second positive result is verified and confirmed, the Director of Sports Medicine will notify the A.D, the Assistant A.D. of Compliance, the Head Coach, and the Team Physician(s) concurrently. The team athletic trainer will also be informed. The student athlete will be required to, as promptly as possible, participate in a conference telephone call between the athlete, his/her parent(s) or legal guardian(s), or spouse, and the Head Coach wherein the athlete advises his/her parent(s) or legal guardian(s) or spouse of the second positive test results. This phone call will be made by the Assistant Athletic Director of Compliance or in their absence by the Director of Sports Medicine. **The student athlete will be suspended from 25% of the total traditional season, regularly scheduled contests which will carry over to the next season if necessary.** The student-athlete will be required to participate in continued and further counseling as directed by the Team Physician(s)/Substance Abuse Counselor/Director of Sports Medicine. Refusal to participate as set forth in this paragraph will be treated and handled as a THIRD positive test result.

#### **iii) Third Positive Test**

After the third positive result is verified and confirmed, the Director of Sports Medicine will again notify the A.D, the Assistant Athletic Director of Compliance, the Head Coach, the Team Physician(s) concurrently. The team athletic trainer will also be notified. The parent(s), guardians or spouse will also be notified by the Assistant Athletic Director of Compliance or in their absence by the Director of Sports Medicine. At this time, it must be assumed that the student-athlete has a very serious problem and/or has made some conscious value judgments as to his/her own behavior and this must be treated very seriously. **In addition to the requirements resulting from a second positive test as set forth above, the student-athlete will be suspended from athletic participation for a minimum of one (1) calendar year. (Additionally, the student-athlete could possibly face loss of his/her financial aid for the current academic year and/or non-renewal of financial aid for the following year).** Prior to the implementation of the suspension period, the student-athlete will have an opportunity to fully discuss the matter with the A.D and present evidence of any mitigating circumstances which he/she feels important. Reinstatement of the student-athlete to athletic participation would be made only after the provision of proof of the successful completion of a certified Drug Rehabilitation Program.

### **III. Safe Harbor Program**

Student-athletes are encouraged to voluntarily come forward to seek assistance with an alcohol or drug related problem without punitive sanctions. Requests should be made to the Director of Sports Medicine. Student-athletes who come forward will be given a request form to sign that will be kept in his/her file in the athletic training room. This program requires you to ask for "Safe Harbor" upon your time of notification, consent and sign up for your first semester via our Docu-Sign drug screening forms processing protocol and prior to the first testing date of the academic year. This testing may begin after your team arrival (pre-season for fall sports) or upon the completion of the mandatory student-athlete meeting. This will be a student-athlete's **one and only** opportunity for "safe harbor" while participating in Stetson University athletics. Counseling is always available to assist with problems or circumstances that could lead to a positive alcohol or drug test result.



### **A) Effects of Safe Harbor Submission**

Once you declare "Safe Harbor" a student-athlete submits to the following:

- A baseline test for drugs and/or alcohol as deemed necessary.
- Evaluation by the Stetson Counseling Center, a contracted substance abuse consultant and/or Team Physician (as deemed necessary based on the test results).
- Completion of a recommended counseling/treatment plan.
- Drug/alcohol testing at a frequency recommended by your counselor or Team Physician.
- Remaining in "Safe Harbor" until released by the counselor and/or Team Physician for a period not to exceed 30 days.

*Note: Student-athletes in the Safe Harbor program will not be subject to random institutional testing, but will remain eligible for drug testing by the NCAA.*

### **B) Additional Safe Harbor Regulations (Notification)**

The Athletic Director, Director of Sports Medicine, Team Physician(s) and team athletic trainer may be informed of your request for Safe Harbor. Other university officials may be informed only the extent necessary for the implementation of this policy. The Team Physician and the Director of Sports Medicine may suspend the student-athlete from all athletic participation if medically indicated. Failure to comply with any aspect of the counseling program or any subsequent positive drug test indicating new or increased use of a banned substance will result in removal from the Safe Harbor program. The student-athlete will then be re-enrolled in the regular institutional Drug Testing Program and disciplinary action can be enforced according to Program policy.

## **IV. Grievance or Appeals**

### **A) General**

The Department of Athletics and its Sports Medicine staff are committed to developing and maintaining a supportive, respectful learning environment. It is recognized that grievances directed towards the Program may occur, and procedures have been established to provide a fair resolution to problems.

### **B) Procedure**

In the event that a student-athlete is dissatisfied with a policy or decision within the Department of Athletics regarding the Program, a student-athlete must take the following steps toward resolution:

- Present his or her grievance, in writing, to the Director of Sports Medicine. The Director of Sports Medicine may consult with other sports medicine staff, including the Team Physician(s) before rendering a decision in writing to the grievant.
- If the student-athlete is dissatisfied with the decision of the Director of Sports Medicine, the student-athlete must then present the grievance, in writing, along with supporting documentation to the Athletic Director (A.D). The A.D will review the materials presented, and, at his sole discretion, may request interviews with the student-athlete and the Director of Sports Medicine. A decision regarding the grievance will be issued to the student-athlete by the A.D within seven (7) business days of receipt of the grievance and all supporting documentation.
- If the grievance involves the A.D, or if the student-athlete is not satisfied with the decision of the A.D, the student-athlete may appeal the decision to the FAR, who upon investigation of the matter, shall make recommendation for an administrative resolution to the President or Senior Vice President for Administration.

- If the student-athlete is dissatisfied with the solution(s) proposed in step 3 above, the student-athlete may choose to access the *Faculty/Staff Grievance Procedure* as outlined in “*Connections: The Campus Life Handbook*.”

# STETSON UNIVERSITY

## **STETSON UNIVERSITY INTERCOLLEGIATE DRUG TESTING PROGRAM**

### **INFORMATION CONSENT AND RELEASE OF LIABILITY**

I UNDERSTAND that according to the Stetson University policy, a copy of which I have received and reviewed, I am required to submit a sample of my urine for chemical analysis as requested by persons identified in the policy. I understand that this analysis will be conducted by qualified laboratory personnel at an independent laboratory selected by the University.

THE PURPOSE of this analysis is to determine or rule out the presence of banned drug classes in my urine as set forth in the Stetson University Drug Testing Program.

I CONSENT freely and voluntarily to any request for a urine specimen under this policy. I hereby and herewith release Stetson University, its trustees, officers, employees, agents and contractors from any liability whatsoever arising from this request to furnish this drug sample, the testing of the urine sample and any decisions made concerning my eligibility to participate in intercollegiate athletics while a student at the University based upon the results of the analysis.

I UNDERSTAND a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process.

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Student-Athlete (Print)

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Sport (Print)

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Student- Athlete (Signature)

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Parent or Guardian (Signature)

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Witness (Signature)

---

Parent or Guardian (Signature)

---

Date

---

Date

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS UNDER  
THE STETSON UNIVERSITY INTERCOLLEGIATE ATHLETIC DRUG TESTING  
PROGRAM

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TO: Director of Sports Medicine  
Stetson University  
Campus Box 8317  
DeLand, FL 32723

I hereby authorize you to release to those persons described in the Stetson University Intercollegiate Athletic Drug Testing Program all information and records, including test results, you may have relating to the screening or testing of my urine sample(s) in accordance with the provisions of the Program applicable to all members of Stetson University athletic teams.

I also authorize the release of such information and records to my parent(s) or legal guardian(s) in the event I am found to be in violation of the provisions of the Stetson University Intercollegiate Athletic Drug Testing Program consistent with its provisions.

I hereby waive any privilege I may have in connection therewith.

Stetson University, its Trustee, officers, employees and agents are hereby released from legal responsibility or liability for the release of such information and records.

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Sport (Print)

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Student-Athlete (Print)

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Date

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Student-Athlete (Signature)



AUTHORIZATION FOR RELEASE  
OF  
MEDICAL INFORMATION AND RECORDS

TO: Director of Sports Medicine  
Stetson University  
Campus Box 8317  
DeLand, FL 32723

I hereby authorize you to release to those persons described in the Stetson University Intercollegiate Athletic Drug Testing Program all information and records you may have, relating to my past and present medical condition and general state of health.

I hereby waive any privilege I may have in connection therewith.

Stetson University, its Trustees, officers, employees and agents are hereby released from legal responsibility or liability for the release of such records and information.

\_\_\_\_\_  
Sport (Print)

\_\_\_\_\_  
Student-Athlete (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete (Signature)

Revised 08.05.2013

## Section 12: Drug Testing – NCAA

### I. General

Be advised that as of June 2004 the NCAA Division Championships and Competition Cabinet approved and recommended funding to expand the out-of-competition (year-round) drug-testing program to all Division I institutions for all sports.

#### A) Rules

- Every Division I institution may be drug tested at least once each academic year beginning in the fall. Please know, however, that any institution may be selected for testing more than once each academic year.
- Every Division I sport at our institution is now subject to out-of-competition (year-round) drug testing.
- All Stetson University student-athletes are subject to drug testing before, during or after their competitive season.
- A student-athlete who tests positive for a banned substance, as set forth in Bylaw 31.2.3.1, shall be declared ineligible for further participation in championship season and non-championship season competition in accordance with ineligibility provision in Bylaw 18.4.1.4.

#### B) Summer Testing-Student-Athlete Availability

Be advised that as of April 2006 the NCAA Division of Championships and Competition Cabinet approved and recommended the expansion of the NCAA Drug Testing Program to include the summer months. Please be reminded that all Division I and II student-athletes are subject to summer drug testing, whether they are on-campus or away from campus. **It is imperative that each student-athlete provide their updated summer residence information, travel information and contact numbers to the Compliance Office and the sports medicine staff prior to your departure at the end of the spring semester.**



## **NCAA Drug-Testing Program**

The NCAA Drug-Testing Program was created to protect the health and safety of student-athletes and to ensure that no one participant might have an artificially induced advantage or be pressured to use chemical substances.

- Banned Drugs
- Banned Drug List (one-page handout)
- NCAA Drug-Testing Program Book
  - Relevant Legislation
  - Program Protocol
  - Institutional Drug Testing
- Drug Testing Exceptions Procedures
- Appeals Process
- Compliance Forms
- Site Coordinator Manual
- Questions and Answers
- Overview of NCAA Postseason Drug-Testing Program – September 2001
- Overview of NCAA Year-Round Drug-Testing Program – September 2001

Visit the National Center for Drug-Free Sport Web site for additional information concerning the NCAA's drug testing program.

Note: Nutritional supplements are not strictly regulated and may contain substances banned by the NCAAA. For questions regarding nutritional supplements, contact the Dietary Supplement Resource Exchange Center (REC).

## DO YOU FACTS

If you're an NCAA  
it is your  
know about NCAA  
substances.

Drug Class (example)	NCAA Status
Alcohol	Prohibited in Riflery
Anabolic steroids	Prohibited
Beta2 Agonists (e.g., asthma meds)	Prohibited or Restricted
Beta Blockers	Prohibited in Riflery
Corticosteroids (e.g., prednisone)	Allowed
Dietary Supplements	WARNING*
Diuretics	Prohibited
Local Anesthetics	Restricted
Masking Agents	Prohibited
Peptide Hormones (e.g., growth hormone)	Prohibited
Stimulants (e.g., ephedrine)	Prohibited (except pseudoephedrine)
Street Drugs (e.g., marijuana)	Prohibited

## KNOW THE

student-athlete,  
responsibility to  
banned



**Prohibited:** drug class may  
not be used.

**Restricted:** drug class may be used under  
special circumstances defined  
by the NCAA

**Allowed:** category may be used,  
assuming the use is legal, appropriate  
or medically justified.

### \*DIETARY SUPPLEMENT WARNING\*

Products sold as over-the-counter dietary supplements might contain NCAA banned substances.  
No one can guarantee the purity of a dietary supplement. You are solely responsible for what you consume.  
If you use, you use at your own risk!

This information is for educational purposes only. If you have any questions about NCAA banned  
substances, contact:



[www.drugfreesport.com/rec](http://www.drugfreesport.com/rec)

**The REC does not provide dietary supplement recommendations or**

This document is available free of charge from The National Center for Drug Free Sport,  
[www.drugfreesport.com](http://www.drugfreesport.com).

## 2018-19 NCAA Banned Drugs

**It is your responsibility to check with the appropriate or designated athletics staff before using any substance**

**The NCAA bans the following classes of drugs:**

1. Stimulants.
2. Anabolic Agents.
3. Alcohol and Beta Blockers (banned for rifle only).
4. Diuretics and Other Masking Agents.
5. Illicit Drugs.
6. Peptide Hormones and Analogues.
7. Anti-Estrogens.
8. Beta-2 Agonists.

**Note: Any substance chemically related to these classes is also banned.**

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

**Drugs and Procedures Subject to Restrictions:**

1. Blood Doping.
2. Gene Doping
3. Local Anesthetics (under some conditions).
4. Manipulation of Urine Samples.
5. Beta-2 Agonists permitted only by prescription and inhalation (i.e., Albuterol).

**NCAA Nutritional/Dietary Supplements WARNING:**

**Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!**

1. Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
2. Student-athletes have tested positive and lost their eligibility using dietary supplements.
3. Many dietary supplements are contaminated with banned drugs not listed on the label.
4. Any product containing a dietary supplement ingredient is taken at your own risk.

**Check with your athletics department staff prior to using a supplement.**

## 2018-19 NCAA Banned Drugs

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### Some Examples of NCAA Banned Substances in Each Drug Class.

**THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES.**

**Do not rely on this list to rule out any label ingredient.**

#### Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; methamphetamine; methylphenidate (Ritalin); synephrine (bitter orange); methylhexanamine (DMAA); "bath salts" (mephedrone); Octopamine; DMBA; phenethylamines (PEAs); etc.

*exceptions:* phenylephrine and pseudoephedrine are not banned.

#### Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione):

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; testosterone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; stanozolol; stenbolone; trenbolone; SARMS (ostarine, ligandrol, LGD-4033); etc.

#### Alcohol and Beta Blockers (banned for rifle only):

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

#### Diuretics (water pills) and Other Masking Agents:

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

#### Illicit Drugs:

heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (e.g., spice, K2, JWH-018, JWH-073)

#### Peptide Hormones and Analogues:

growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); IGF-1 (colostrum); etc.

#### Anti-Estrogens:

anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); Arimidex; clomid; evista; fulvestrant; aromatase inhibitors (Androst-3,5-dien-7,17-dione), etc.

#### Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcoclaurine; etc.

**Any substance that is chemically related to one of the above classes,**

**even if it is not listed as an example, is also banned!**

Information about ingredients in medications and nutritional/dietary supplements can be obtained

by contacting Drug Free Sport AXIS, 877-202-0769 or [www.drugfreesport.com/axis](http://www.drugfreesport.com/axis)

password ncaa1, ncaa2 or ncaa3.

**It is your responsibility to check with the appropriate or designated athletics staff before**

using any substance.

## 2018-19 Drug-Testing Exceptions Procedures (Medical exceptions)

### Procedures

The NCAA list of [banned drug classes](#) (NCAA Bylaw 31.2.3) is composed of substances that are generally reported to be performance enhancing and/or potentially harmful to the health and safety of the student-athlete.

The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows exception to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. Exceptions may be granted for substances included in the following classes of banned drugs: anabolic agents\*, stimulants, beta blockers, diuretics, anti-estrogens, beta-2 agonists and peptide hormone\* (see subpart 2 below).

### Procedures for Exceptions

1. Alternative non-banned medications for the treatment of various conditions exist and should be considered before an exception is pursued.
2. In the event that the student-athlete and the physician (in coordination with sports-medicine staff at the student-athlete's institution) agree that no appropriate alternative medication to the use of the banned substance is available, the decision may be made to continue the use of the medication. However, 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**. The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to the NCAA medical documentation from the prescribing physician supporting the diagnosis and treatment.
3. The institution should maintain documentation that supports the use of medication in



the student-athlete's medical record on campus. The documentation can be a letter or copies of medical notes from the prescribing physician that documents how the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for regular use of such a drug. The letter should contain information as to the diagnosis (including appropriate verification of the diagnosis), medical history and dosage information.

4. Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of any substance need not be reported to the drug-testing crew at the time of NCAA drug testing.

5. In the event that a student-athlete is tested by the NCAA and tests positive for a substance for which the institution desires an exception, normal procedures for reporting positive test results will be followed (See NCAA Drug-Testing Program Protocol [Section No. 8.0](#)). The institution, through its director of athletics, may request an exception at the time of notification of the positive drug test (A sample) by submitting to The National Center for Drug Free Sport the prescribing physician's letter and any other medical documentation demonstrating the need for regular use of the drug (see subpart 3 above) which the institution wishes to have the NCAA consider. A medical exception will be considered by the NCAA and the student-athlete will remain eligible during this time if the institution has provided medical documentation to Drug Free Sport before the "B" sample is reported as positive, confirming the positive finding. If the institution fails to provide medical documentation to Drug Free Sport before the "B" sample is reported as positive to the institution, the student-athlete will be withheld from competition until such time the documentation is received, reviewed and the medical exception granted.

6. Requests for exceptions will be reviewed by the chair of the drug-testing and drug-education subcommittee and the physicians of the NCAA Committee on Competitive

Safeguards and Medical Aspects of Sports.

7. Drug Free Sport will inform the director of athletics regarding the outcome of the exception request. In the event that the exception is not granted, the institution may appeal this action according to Section 8.0.of the drug-testing protocol.

Sources:

**[NCAA Drug Testing Program](#), 2018-19**

The National Collegiate Athletic Association

August 2009

## **Supplements**

Nutritional supplements are not strictly regulated and may contain substances banned by the NCAA. For questions regarding nutritional supplements, please visit the National Center for Drug Free Sport Resource Exchange Center (REC) Web site.

### **Bylaw 31.2.3.1.1 - Drugs and Procedures Subject to Restrictions**

The use of the following drugs and/or procedures is subject to certain restrictions and may or may not be permissible, depending on limitations expressed in these guidelines and/or quantities of these substances used:

**(a) Blood Doping.** The practice of blood doping (the intravenous injection of whole blood, packed red blood cells or blood substitutes) is prohibited and any evidence confirming use will be cause for action consistent with that taken for a positive drug test.

**(b) Local Anesthetics.** The Executive Committee will permit the limited use of local anesthetics under the following conditions:

(1) That procaine, xylocaine, carbocaine or any other local anesthetic may be used, but not cocaine;

(2) That only local or topical injections can be used (i.e., intravenous injections are not permitted), and

(3) That use is medically justified only when permitting the athlete to continue the competition without potential risk to his or her health.

**(c) Manipulation of Urine Samples.** The Executive Committee bans the use of substances and methods that alter the integrity and/or validity of urine samples provided during NCAA drug testing. Examples of banned methods are catheterization, urine substitution, and/or tampering or modification of renal excretion by the use of diuretics, probenecid, bromantan or related compounds, and epitestosterone administration.

**(d) Beta 2 Agonists.** The use of beta 2 agonists is permitted by inhalation only.

**(e) Additional Analysis.** Drug screening for select nonbanned substances may be conducted for nonpunitive purposes.

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