



UCLA Intercollegiate Athletics Medical Services Program Application 2016-17

Dear Parent(s) and/or Guardian(s):

The possibility of incurring a sports-related injury is a reality for any athlete. The UCLA Athletic Department has a program that will assist parents if a student-athlete is injured by providing secondary or excess medical coverage for all student-athletes in the event of an athletically related injury or illness. This means the family's insurance is primary and will be billed in every circumstance. The department also provides a similar service for student-athletes if a dental or vision injury results from practice or competition. However, we need your cooperation to make this program function smoothly.

UCLA Athletics will cover only those injuries that are a direct result of intercollegiate athletic practice or play while a student-athlete at UCLA. This means that injuries not related to athletics (car accidents, serious illnesses such as appendicitis, etc.) are not covered, nor can they be transferred to the UCLA Medical Center without eligible insurance. If your child is injured while participating in athletic practice or play, please carefully follow the procedures listed in the enclosed "UCLA Intercollegiate Athletics Medical Services Program" to ensure prompt treatment and payment of bills. This coverage is provided at no cost to UCLA student-athletes and is not related to the University of California Student Health Insurance Plan (UC SHIP), explained further on page 2. **Please be aware that before we can pay any bills, they must be submitted to the insurance plan that covers your student-athlete.**

All student-athletes must have a pre-participation physical by UCLA team physicians and have insurance information on file in order to participate in ANY team related activity at UCLA. Prior to receiving clearance, each new student-athlete must submit immunization records for tetanus, MMR (measles, mumps and rubella), meningococcal (meningitis), varicella (or history of chicken pox disease as child) and hepatitis B. We also require submission of any pertinent medical records such as surgical notes, x-rays, MRIs, EKGs, etc. In addition, each student-athlete (new or returning) must submit emergency information and insurance forms, as well as other consents and documents included in this packet, every year. **No forms equals no participation at UCLA.**

Before enrolling in classes, all incoming students must provide documentation of vaccination or immunity to mumps, measles, rubella, tetanus, pertussis, meningococcal, and varicella. This information is registered with the university online at <https://pncweb.sdh.ucla.edu/opencommunicator>. Any student-athlete who cannot provide this proof will not be allowed to enroll in classes, and therefore will be disqualified from NCAA competition. More detailed information regarding the university vaccination requirement is available at the UCLA Arthur Ashe Student Health & Wellness Center website or by e-mail at AshelImmune@ashe.ucla.edu. Screening for tuberculosis is required for students who are at higher risk for TB infection and should undergo either skin or blood testing for TB infection within 6 months prior to entry to UCLA. (Higher risk includes travel to or living in South & Central America, Africa, Asia, Eastern Europe, and the Middle East; prior positive TB test; or exposure to someone with active TB disease.). **Please note that submitting immunization records to the UCLA Athletic Department DOES NOT waive the university online vaccination registration process.**

The following documents must be submitted by mail, fax or e-mail to the UCLA Athletics Sports Medicine Department:

- ☐ All included emergency contact and insurance information forms completed, signed and dated (pages 3-6)
- ☐ Copy of Insurance Card(s) (front and back)
- ☐ Completed UCLA Athletics Vaccination Policy (pages 7-8)
- ☐ Copy of Immunization Records (Required for first year or new transfer student-athletes)
- ☐ Sickle Cell Trait proof of status/test results (Required for first year or new transfer student-athletes)
- ☐ ADHD Documentation (if applicable)

UCLA Athletics
Attn: David Rodriguez
PO Box 24044
Los Angeles, CA 90024-0044
Tel: (310) 206-6105; Fax: (310) 206-1985; E-mail: drodriguez@athletics.ucla.edu

Please remember to complete the following actions:

- 1) Complete online pre-participation exam questionnaire at <http://www.surveymoz.com/s3/1529529/SportsMed-PPE>
- 2) Waive or enroll UC SHIP between 7/1/16 at 9/20/16
- 3) Have student-athlete update vaccines if needed prior to their pre-participation physical
- 4) Register MMR (mumps, measles, rubella), Tdap (tetanus, pertussis), meningococcal, and varicella (chicken pox) status online at <https://pncweb.sdh.ucla.edu/opencommunicator> (Required for first year and new transfer student-athletes).
- 5) Submit request for Sickle Cell Trait test results with State Health Department if test results are unavailable.
(Required for first year and new transfer student-athletes. **Student-Athlete MUST sign request if 18 years of age or older.**)

If you have any further questions regarding the UCLA Intercollegiate Athletics Medical Services Program or application itself please do not hesitate to contact us by e-mail at drodriguez@athletics.ucla.edu

IMPORTANT NOTICE ABOUT HEALTH INSURANCE

PLEASE READ CAREFULLY TO AVOID UNNECESSARY FEES

Health insurance is mandatory for all UCLA students. A fee for the University of California Student Health Insurance Plan (UC SHIP) will be assessed each academic term as part of registration fees. Students may waive out of UC SHIP by providing proof of adequate insurance that meets the University's minimum requirements. UC SHIP can only be waived online by the fee payment deadline for each term. No late waivers are accepted. Read the following information to determine if your student-athlete is eligible to waive UC SHIP.

PLEASE NOTE THAT THE UCLA ATHLETIC DEPARTMENT PROVIDES SECONDARY/EXCESS MEDICAL COVERAGE (THE UCLA INTERCOLLEGIATE ATHLETICS MEDICAL SERVICES PROGRAM) FOR APPROVED SERVICES FOR ALL STUDENT-ATHLETES FOR INJURIES THAT ARE A DIRECT RESULT OF INTERCOLLEGIATE ATHLETIC PRACTICE OR PLAY WHILE A STUDENT-ATHLETE AT UCLA. THIS COVERAGE IS PROVIDED AT NO COST TO UCLA STUDENT-ATHLETES AND IS NOT RELATED TO UC SHIP.

PLEASE ALSO NOTE THAT SUBMITTING THE ENCLOSED INSURANCE FORMS TO THE UCLA ATHLETIC DEPARTMENT DOES NOT WAIVE STUDENT-ATHLETES OUT OF UC SHIP.

- ♦ Every quarter a fee of \$643.62* will be included with every student's registration fees for UC SHIP. This represents an annual fee of \$1930.86*. (Coverage includes the Summer period when insured for Spring.)
- ♦ UC SHIP coverage includes medical, vision, dental and prescription drug benefits.
- ♦ Students who have health insurance from another source may opt out of the UC SHIP program provided it meets the following criteria*:
 - Plan has no overall annual benefit limit.
 - Plan has an annual out-of-pocket maximum of \$6850 or less for an individual or \$13,700 or less for a family.
 - Plan has a policy written in English with benefits expressed in U.S. dollars and a claims payment office with an address in the United States.
 - Plan is not a travel insurance policy or a health care reimbursement plan.
 - Plan provides unrestricted access to an in-network primary care provider, in-network hospital and full, non-emergency medical and behavioral health care within 100 miles of UCLA that the student is eligible to use. (For example, HMO patients from outside the Los Angeles area must transfer to a local provider).
- ♦ If your insurance coverage meets the above criteria* you may waive out of UC SHIP (i.e. waive the \$643.62* per quarter fee) via an online registration form at www.studenthealth.ucla.edu between 7/1/16 and 9/20/16. Contact the Ashe Center Insurance office at (310) 825-4073, Option 4 with any questions.
- ♦ If your son or daughter is currently covered under a family policy, UCLA Athletics strongly recommends maintaining that coverage due to the UC SHIP program's policy of no coverage for injuries sustained in intercollegiate practice or play.
- ♦ Students are solely responsible for waiving out of UC SHIP (the Athletic Department cannot do it for them).
- ♦ Student-athletes who can provide proof of financial need (i.e. Pell Grant recipients) may qualify for aid via Athletic Department resources. For more information regarding these funds please contact Ric Coy at (310) 825-6054.

*UC SHIP rates and waiver requirements are based on 2016-17; subject to change without notice. Please visit www.studenthealth.ucla.edu for current rates and waiver requirements.

UCLA Intercollegiate Athletics

Medical Services Program

SIGNATURE REQUIRED

Please read the following information carefully and discuss these procedures with your student-athlete, sign your name at the bottom indicating that you have read these procedures, and return with any included forms to: UCLA Athletics; Attn: David Rodriguez, PO Box 24044, Los Angeles, CA 90024-0044.

The Medical Services Program is a self-contained program that uses a network of excellent UCLA providers and specialists. In the event of an athletically related injury, our sports medicine staff evaluates and recommends a treatment plan. When services are pre-authorized, our program covers any expense within the UCLA network that the family's insurance does not cover (e.g., co-payments, and deductibles). Our program is secondary support to the family's insurance, which means that the family's insurance is primary and will be billed in every circumstance. Outside services will be authorized at the discretion of the Director of Sports Medicine, but are covered only if they are unavailable within the UCLA Network.

UCLA Athletics will cover **only** those injuries, which are a direct result of or will affect intercollegiate athletic practice or play while a student at UCLA. **This means that non-athletically related injuries (car accidents, serious illnesses such as appendicitis, etc.) WILL NOT BE COVERED, nor can they be transferred to the UCLA Medical Center without eligible insurance.** Such injuries must be covered by other insurance.

If your child is injured while participating in intercollegiate athletic practice or play, the following procedures **must** be followed to ensure quick processing of the claim and prompt payment of all bills:

- 1)** The student-athlete must report any and all injuries to the UCLA Athletic Training Staff immediately. We can pay for treatment **only** if it has been pre-authorized by the Director of Sports Medicine.
- 2)** You are free to choose any medical provider you wish, but to qualify for the Medical Services Program, you must use a network provider or obtain pre-authorization from the Director of Sports Medicine.
- 3)** If the Director refers the student-athlete to a medical facility or specialist, he or she must come to the insurance office prior to treatment and pick up an authorization form. Each additional service must also be pre-authorized, and the appropriate authorization form obtained.
- 4)** The student-athlete must provide the medical facility or specialist with all appropriate insurance information, which will be available in our office.
- 5)** Any medical bills must first be submitted to the family's insurance carrier (even if coverage is by an HMO such as Kaiser Permanente or CIGNA). Please note that the medical facility may or may not do this for you.
- 6)** When you receive the insurance carrier's explanation of benefits, please mail a copy of it and copies of the bills to the insurance office so that any unpaid balances may be paid through Athletics. **The Athletic Department does not automatically receive copies of the bills.** Collection agency action can result when bills are not promptly brought to our attention.
- 7)** Please notify the insurance office at (310) 206-6105 of any changes in your family's insurance coverage to avoid unnecessary complications in the event your son or daughter is injured.
- 8)** If a student-athlete suffers an injury resulting from his or her participation at UCLA that requires ongoing medical treatment, UCLA shall provide the necessary medical treatment for two years from the separation date. Student-athletes have one year from the date of their separation from Intercollegiate Athletics (for any reason) to report any ongoing problems and take care of any documented injuries that occurred prior to the date of separation. This would include any service that requires payment. This will be so noted in the student-athlete's Exit Physical. It is incumbent on the student-athlete to follow through with an Exit Physical. This policy does not apply to preexisting medical conditions that predate the student-athlete's participation at UCLA.

I hereby certify that I have read and understand the above information and policies.

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Printed Name of Student-Athlete

UCLA Athletics recommends making and keeping a photocopy of this signed document for your records.



Instructions: Please fill in information as completely as possible to avoid delay in having the student-athlete cleared for participation.

Student-Athlete Information:

First Name:	Middle Name:	Last Name:	
Date of Birth:	UCLA Student ID:		Gender: ☐ Male ☐ Female
Sport:	Year of Eligibility:		Cell Phone#:
Allergies/ Medical Conditions:		Does student-athlete wear contact lenses? ☐ Yes ☐ No	
Religious Preference:		Is student-athlete on scholarship? ☐ Yes ☐ No	
Citizenship:		Is student-athlete a California resident? ☐ Yes ☐ No	
Birthplace City:		Birthplace State/Province:	Birthplace Country:

Father/Guardian Information:

First Name:	Last Name:	Date of Birth:	Cell Phone#:
Mailing Address:		City:	State: Zip:
Home Phone#:	Work Phone#:	Employer Name:	
Employee Address:		City:	State: Zip:

Mother/Guardian Information:

First Name:	Last Name:	Date of Birth:	Cell Phone#:
Mailing Address:		City:	State: Zip:
Home Phone#:	Work Phone#:	Employer Name:	
Employee Address:		City:	State: Zip:

**Primary Insurance Information:**

Insurance Name:		Insurance Phone#:	
Policy Holder Name:		Policy Holder Relation to Student-Athlete:	
ID Number:	Group Number:	What type of medical insurance is this policy?: (HMO, PPO, POS, EPO, Indemnity, Other)	
Claims Mailing Address:		City:	State: Zip:
1. Does the student-athlete have a secondary insurance? (If yes, enter information below)		☐ Yes ☐ No	
2. Does this policy restrict medical providers the student-athlete may use? (If no, skip to question 3)		☐ Yes ☐ No	
Primary Care Physician/ Medical Group Name:		Primary Care Physician/ Medical Group Phone#:	
Primary Care Physician/ Medical Group Mailing Address:		City:	State: Zip:
3. Does this policy cover athletically-related injuries?		☐ Yes ☐ No	
4. If policy does cover athletically-related injuries, does it cover at least \$75,000 per incident?		☐ Yes ☐ No	

Secondary Insurance Information:

Insurance Name:		Insurance Phone#:	
Policy Holder Name:		Policy Holder Relation to Student-Athlete:	
ID Number:	Group Number:	What type of medical insurance is this policy?: (HMO, PPO, POS, EPO, Indemnity, Other)	
Claims Mailing Address:		City:	State: Zip:
1. Does this policy restrict medical providers the student-athlete may use? (If no, skip to question 2)		☐ Yes ☐ No	
Primary Care Physician/ Medical Group Name:		Primary Care Physician/ Medical Group Phone#:	
Primary Care Physician/ Medical Group Mailing Address:		City:	State: Zip:
2. Does this policy cover athletically-related injuries?		☐ Yes ☐ No	
3. If policy does cover athletically-related injuries, does it cover at least \$75,000 per incident?		☐ Yes ☐ No	

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge.

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian

DENTAL AND VISION INSURANCE INFORMATION**DENTAL INSURANCE INFORMATION****If student-athlete IS covered by a DENTAL insurance policy, please enter that information below:**

DENTAL Insurance Name:		Insurance Phone#:
Policy Holder Name:		Policy Holder Relation to Student-Athlete:
ID Number:	Group Number:	What type of medical insurance is this policy?: (HMO, PPO, POS, EPO, Indemnity, Other)
DENTAL Claims Mailing Address:		City: State: Zip:
Primary Care DENTIST Name:		DENTIST Phone#:

If student-athlete IS NOT covered by a DENTAL insurance policy, please read, complete and sign the following:**AFFIDAVIT OF NO DENTAL INSURANCE**

I, the undersigned, state that:

1. I have no dental insurance, or any type of dental service plan under which the above named student-athlete is covered
2. I agree that, should it be determined at a later date that I have collectible coverage, I will reimburse the UCLA Athletic Department or its insurance company to the extent of any collectable amount.

Parent/Guardian Signature and Date_____
Student-Athlete Signature and Date**VISION INSURANCE INFORMATION****If student-athlete IS covered by a VISION insurance policy, please enter that information below:**

VISION Insurance Name:		Insurance Phone#:
Policy Holder Name:		Policy Holder Relation to Student-Athlete:
ID Number:	Group Number:	What type of medical insurance is this policy?: (HMO, PPO, POS, EPO, Indemnity, Other)
VISION Claims Mailing Address:		City: State: Zip:
Primary Care OPTOMETRIST Name:		OPTOMETRIST Phone#:

If student-athlete IS NOT covered by a VISION insurance policy, please read, complete and sign the following:**AFFIDAVIT OF NO VISION INSURANCE**

I, the undersigned, state that:

1. I have no vision insurance, or any type of vision service plan under which the above named student-athlete is covered
2. I agree that, should it be determined at a later date that I have collectible coverage, I will reimburse the UCLA Athletic Department or its insurance company to the extent of any collectable amount.

Parent/Guardian Signature and Date_____
Student-Athlete Signature and Date

UCLA Athletics

Vaccination Policy (2016-2017)

The UCLA Athletic Department would like to ensure its athletes are vaccinated to protect themselves and their team against preventable diseases. The list of vaccines that will be required of athletes is in accordance with the recommendations from national governing bodies, including the NCAA (National Collegiate Athletic Association), CDC (Centers for Disease Control and Prevention and US Department of Health), AAFP (American Academy of Family Physicians) and AAP (American Academy of Pediatrics).

The following page contains the Vaccine Checklist for Athletic Staff and includes the requirements for UCLA Athletes.

The expectation is that athletes will have vaccines updated prior to arriving for new/annual PPEs.

PPEs

- For returners: If athlete is not up-to-date on vaccines, he/she will not be cleared for participation (#3) until vaccines received. Please look over vaccines prior to PPE and have athlete update vaccines if needed prior to PPE.
- For new athletes: If athlete is not up-to-date on vaccines, he/she will temporarily be cleared for participation (#2) until vaccine documentation is received. The athlete will have 1 week to rectify vaccine record or status will be changed (to #3). Please look over vaccines prior to PPE and have athlete update vaccines if needed prior to PPE.

UCLA Athletic requires the following information regarding immunizations prior to your Pre-Season Physical Examination (PPE).

- 1. Fill in each box with the date you received the immunizations (vaccine shots) listed below.**
- 2. Provide a written record of the immunizations from your health care provider.**
If you don't have the record or have not received the vaccine, please do so before your scheduled PPE. ***You may be restricted from participation if this is not complete.***

Athlete Name _____

Athlete Sport _____

Required Immunizations for participation in UCLA Athletics:

Immunization:	Date:
Tdap or Td (Tetanus) • Required within the last 10 years	
Measles, Mumps, Rubella (MMR)	Dose 1: Dose 2:
Meningococcal (Meningitis) • If player has not had MCV -> needs 1 dose • If player had one dose when < 16 years old -> needs #2 dose • If player had one dose when > 16 years old -> no further doses needed	Dose 1: Dose 2:
Varicella or history of Chicken Pox disease as child	Dose 1: Dose 2:
Hepatitis B	Dose 1: Dose 2: Dose 3:

For staff use only:

Immunization Record in medical chart:

☐

IMPORTANT

Sickle Cell Status

In April 2010 the NCAA Division I Legislative Council decided that all current and incoming Division I student-athletes must be tested for sickle cell trait, **show proof of a prior test**, or sign a waiver releasing an institution from liability if they decline to be tested. **It is strongly suggested all student-athletes know their status.**

For student-athletes born in California:

Since 2/27/1990, all newborn babies are tested, among other things, for sickle cell. If you do not have proof of this test it may be obtained by submitting an electronic request form found at the following link to the California Newborn Screening Program:

<http://www.cdph.ca.gov/programs/nbs/Pages/NBSFAQTraitAthletes.aspx>

When completing the request form, the following should be entered under RELEASE RESULTS TO:

SCHOOL: UC LOS ANGELES

EMAIL ADDRESS WHERE RESULTS CAN BE SENT: DRODRIGUEZ@ATHLETICS.UCLA.EDU

Please note the most efficient way to request results is by completing the electronic request form found at the link listed above, submitting it electronically by clicking the "Submit by Email" button located on the top-right of the request form, and then returning a signed copy of the request form to the state. Returning a signed copy of the request form can be done by either scan in and e-mail to NCAANBSResults@cdph.ca.gov, or you can fax it to (510) 412-1559, or mail it to Genetic Disease Screening Program, NBS Branch, 850 Marina Bay Parkway F-175, Richmond, CA 94804.

Student-athlete must sign the request if over 18. It takes a while to get results, so get started on this today or simply get tested and bring the results to the physical exam. It will save your student/athlete the trouble of getting tested once on campus and possible missing practice or competition. Please do not submit the enclosed request if not born in California.

For student-athletes born in the United States OUTSIDE of California:

Since 1990, all newborn babies are tested, among other things, for sickle cell. If you do not have proof of this test it may be obtained at the following link.

<http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm>

Click on your state and search for a phone number or e-mail to contact your state's Genetic Disease Screening Program.

Merely stating test results will not suffice, we must have the actual proof of test results.

IMPORTANT NOTICE

Student-Athletes with ADHD

The NCAA bans classes of drugs because they may harm student-athletes and may create an unfair advantage in competition. Some legitimate medications contain NCAA banned substances, and student-athletes may need to use these medicines to support their academics and general health. The NCAA has a procedure to review and approve legitimate use of medications that contain NCAA banned substances through a Medical Exceptions Procedure.

Adequate medical records must be on file with UCLA Sports Medicine in order to request an exception in the event the student-athlete tests positive for a stimulant medication utilized in the treatment of ADHD. The following documentation **must be on file with UCLA Sports Medicine prior to the first practice session. Failure to do so will prohibit the student-athlete from practicing/competing.** The treating physician should be contacted to write a letter on behalf of the student-athlete documenting the diagnosis and treatment plan. The letter **must** contain the following information:

- Student-athlete name
- Student-athlete date of birth
- Date of clinical evaluation
- History of ADHD treatment (previous/ongoing)
- Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) -attach supporting documentation
- Blood pressure and pulse readings with comments
- Statement that alternative non-banned medications have been considered, and comments
- Diagnosis
- Medications and dosage
- Follow-up orders
- Physician name (printed)
- Office address and contact information
- Specialty
- Physician signature and date

Parents and student-athletes need to collect this information now and send it in with your insurance information. It will take the treating physician some time to complete this information. Additionally, this information will be needed on an annual basis as long as the student-athlete is on ADHD medication that contains a banned substance.

Please feel free to contact the Director of UCLA Sports Medicine at 310-794-1547 with any questions.