

MEDICAL CLEARANCE FOR ATHLETIC TRYOUTS

"Tryouts" are individuals whose athletic skills are being evaluated by the coaching staff.

BEFORE YOU TRY OUT: A general physical examination by a physician is required. The physician must sign the attached Affirmation of Fitness to Participate form. If you are a UVA student you may contact UVA Student Health at 434-924-5362 for an athletic physical. If you are not yet a UVA student low-cost athletic physicals are often available at local health care providers.

You are personally responsible for any charges related to physical examinations or tests performed by your physician or UVA Student Health.

All forms listed below should be completed and returned to the tryout coordinator for your sport. The tryout coordinator must deliver all the completed forms to UVA Sports Medicine before you are medically cleared to try out. The tryout coordinator also will inform the Athletics Compliance Office of successful or unsuccessful tryouts.

1. Medical Identification Form. Please provide all the requested contact information, insurance information, personal or family physician information.

2. Tryout Participation Waiver. This document affirms (1) that you are aware of the potential risks associated with athletic participation; (2) that you are physically fit; (3) that the University will not be held responsible for injuries or medical expenses associated with your athletic participation. This document must be cosigned by your parent/guardian if you are not yet 18 years of age. Per UVA General Counsel: a student is NOT PERMITTED to sign a parent's name on any document where the parent's signature is required.

3. Physician's Affirmation of Physical Fitness to Participate. This document must be signed by the physician who has given you a medical examination and affirms that you are physically fit to participate in tryout activities. This document must be co-signed by your parent/guardian if you are not yet 18 years of age. For compliance purposes, your physician must use this form to affirm your physical fitness to participate; variations will not be accepted.

4. Sickle Cell Trait Testing Agreement: Tryouts must provide either a laboratory report documenting proof of Sickle Cell Solubility testing or this signed waiver indicating that although you are aware of the dangers sickle cell trait poses to athletic participants you nevertheless choose not to be tested for sickle cell trait before your tryout. This document must be co-signed by your parent/guardian if you are not yet 18 years of age.

5. Insurance Card: Tryouts must provide a legible copy of the front and back of their current, valid medical insurance card. The copy must include the student athlete's name, and the policy holder's name and date of birth.

UVA Sports Medicine ID Form - TRYOUT 2022-23

Please print clearly. Provide as much of the requested information as possible. Call your team coordinator for questions. Return this and the other required forms to the TRYOUT COORDINATOR for your team.

Full Legal Name (FML): _____

Date of Birth: _____ Age: _____ Sport: _____

UVA Student ID: _____ UVA Email: _____@virginia.edu

Cell Phone: _____ Citizenship: _____

UVA Hospital asks patients to self-identify their ethnic background or race:

- ☐ HISPANIC ☐ ASIAN/PACIFIC ISLANDER ☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ NON-HISPANIC ☐ BLACK/BLACK HISPANIC ☐ CAUCASIAN/CAUCASIAN HISPANIC

Parent (Emergency Contact) Name: _____

Parent Address: _____

Parent City, State & ZIP: _____

Parent Phone: _____ Parent Fax: _____

Parent Email: _____

Insurance Company Name: _____

Type: ☐ 1) POS ☐ 2) PPO ☐ 3) HMO ☐ 4) MEDICAID ☐ 5) MILITARY ☐ 6) INTERNATIONAL

Policy Number: _____ Group Number: _____

Effective Date: _____ Termination / Renewal Date: _____

Insurance Policy Holder Name & Relationship: _____

Insurance Policy Holder Date of Birth: _____

Insurance number to call to confirm benefits: _____

Please list any additional medical coverage: _____

Family Doctor Name: _____

Family Doctor Phone: _____ Fax: _____

Family Doctor Address: _____

Family Doctor City, State & ZIP: _____

Tryout coordinator please review attached forms:

- _____ Tryout Participation Waiver
- _____ Physician Affirmation of Fitness to Participate
- _____ Sick cell laboratory test result or signed waiver
- _____ Legible front and back of insurance card

UNIVERSITY OF VIRGINIA DEPARTMENT OF ATHLETICS

TRYOUT ACTIVITY PARTICIPATION GUIDELINES AND UNDERSTANDING

Acknowledgement of Risk:

I understand that being physically active includes the risk of injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of injury, I agree to obey all safety rules, to report fully any problems related to my physical condition to appropriate university personnel, including medical personnel and coaches, to follow all coaching instructions and to inspect my athletic equipment before each athletic activity.

My signature below indicates that I am aware of the risks of injury inherent in athletic activities and that such risks may include DEATH, PARALYSIS AND OTHER SERIOUS PERMANENT BODILY INJURY.

I acknowledge that I am participating in these activities voluntarily, and that prior to engaging in this activity **it is recommended I consult with my personal physician** to determine if I have any health risks associated with participating in this physical activity. I understand my obligations as set forth in this document and agree to meet these obligations as a condition of my participation.

Print Name: _____ Date of Birth: _____ UVA ID: _____

Participant's Signature: _____ Date: _____

Affirmation of Physical Fitness to Participate:

By signing below I affirm that:

- I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in **sporting activities**.
- I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in **sporting athletics**.
- I have no history of syncope (fainting) or other problems related to strenuous exercise.
- I am in good health and there is no reason I cannot safely participate in strenuous athletic activity.
- I have health insurance to cover any medical conditions that might arise from participating in sporting activities.

Participant's Signature: _____ Date: _____

Liability Waiver:

I verify that I am in good health and do not have a history of any injury or illness that could endanger my safety during my participation in athletic activity. I further understand that there is an inherent risk involved in participation in athletic activity that includes the risk of permanent bodily injury, paralysis, and death. I have read the above statements, and I hereby assume responsibility for these risks while participating in athletic activities. In consideration of these risks, I hold the University of Virginia, its Rector and Board of Visitors officers, employees, agents and servants free of any responsibility for injury or death that may occur during, or as a result of, my participation in athletic activity.

I further understand that the University of Virginia Athletic Department is under no obligation to provide financial support for any such injury that any bills for medical services required as a result of my participation in athletic activities are my sole responsibility.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ **Date:** _____

If the participant is not 18 years of age on the date of his or her signature

UNIVERSITY OF VIRGINIA
DEPARTMENT OF ATHLETICS

**Physician's Affirmation of Fitness
to Participate in Intercollegiate Athletics**

PATIENT HIPAA RELEASE

My signature affirms I grant permission for my physician to provide medical information to the University of Virginia Department of Athletics.

_____ **Patient's Name [please print]**

_____ **Patient's Signature & Date**

_____ **Parent's Signature & Date**
[if patient is not yet 18 years of age]

PHYSICIAN'S AFFIRMATION OF PHYSICAL FITNESS
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From: _____ **Physician's name**
_____ **Address**
_____ **City, State ZIP**
_____ **Telephone**
_____ **Fax**

My signature affirms the above-named patient had a physical examination on this date * _____ and is medically cleared as of today's date to participate in intercollegiate athletics activities.

_____ **Physician's Signature**

_____ **Today's Date**

COMPLETION INSTRUCTIONS

Physician: Please sign and date as appropriate and return the signed form to the patient.

* Examination date must be within six months of today's date.

REV 03/01/2022

AGREEMENT, WAIVER AND RELEASE OF CLAIMS — SICKLE-CELL TRAIT TESTING

PRINT NAME: _____ SPORT: _____

AS A TRYOUT OR AS A MEMBER OF A UVA INTERCOLLEGIATE TEAM, I AGREE TO THE FOLLOWING:

I am aware that participation in intercollegiate athletics at UVA involves the risk of personal injury. I am also aware that if I have sickle-cell trait, I am at an increased risk for serious illness or injury, including death - especially during physical exertion. I have received the NCAA Sickle Cell Trait Fact Sheet for Student Athletes and have been informed of these risks. I understand that, in order to participate in intercollegiate athletics, the NCAA and UVA require that EVERY student be tested for sickle-cell trait or show the results of a prior test.

I have had a full opportunity to ask questions concerning sickle-cell trait (and testing for sickle-cell trait) and to discuss the risks associated with athletic participation if I have sickle-cell trait. Any questions or concerns I had, if any, have been addressed to my satisfaction.

Please check ONE of the options below:

☐ I AGREE to be tested for sickle-cell trait

☐ I HAVE SHOWN UVA the results of a prior sickle-cell trait test

I understand that this release means that, among other things, I am giving up my right to sue the University of Virginia for any such losses, damages, injury or costs that I may incur.

I am at least 18 years old and have read, understand and agree to be legally bound by the foregoing agreement, waiver and release (if I am under age 18, a parent or legal guardian must sign this form).

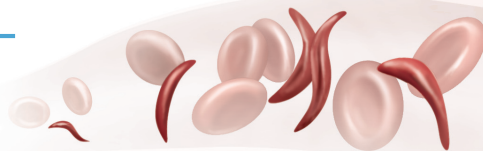
DATE _____ STUDENT'S SIGNATURE _____ AGE _____

if under age 18 on date of signing:

PARENT / LEGAL GUARDIAN NAME (PRINT) _____

PARENT / LEGAL GUARDIAN SIGNATURE _____

SICKLE CELL TRAIT



WHAT IS SICKLE CELL TRAIT?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- ▶ During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- ▶ Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- ▶ During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- ▶ Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- ▶ Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- ▶ Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- ▶ Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.
- ▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- ▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

- ▶ Know your sickle cell trait status.
- ▶ Engage in a slow and gradual preseason conditioning regimen.
- ▶ Build up your intensity slowly while training.
- ▶ Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- ▶ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- ▶ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- ▶ Stay well hydrated at all times, especially in hot and humid conditions.
- ▶ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



- ▶ Maintain proper asthma management.
- ▶ Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- ▶ Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- ▶ Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety

COVID-19 STATUS

Have you been diagnosed with COVID-19?	YES	NO
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If YES:

When were you diagnosed? (month and year) _____

Did you have symptoms? _____

Did you have a cardiac clearance visit after having COVID-19?	YES	NO
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If yes, when and where? (month and year, location) _____

Have you been vaccinated for COVID-19?	YES	NO
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If YES:

Which brand of vaccine did you receive? _____

When did you receive your vaccine? (month and year) _____

REV 03/01/2022