



Dear Student Athlete,

As a returning athlete, the attached forms are required for your participation in athletics at Sierra Nevada College.

A physical and medical clearance is required *yearly*. Please see a physician to fill out the Pre-Participation Physical Examination form to clear you for activity. Please update any information and a new copy of the front and back of any new insurance card(s). Complete the remaining forms and send all forms, via mail or electronic mail, to:

Andrea Simich, ATC, LAT
Head Athletic Trainer
999 Tahoe Blvd.
Incline Village, NV 89451
asimich@sierranevada.edu

ALL forms must be completed and turned in by **July 28, 2017**. A student athlete will not be allowed to participate in any team activity until their paperwork is turned in. Use the checklist below to make sure you have completed everything.

Turn in the following forms:

- ✓ Pre Participation Questionnaire (Only required if there are any changes to your information)
- ✓ Pre-Participation Physical Examination
- ✓ Nutritional Supplement Disclosure and Review Form



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SIERRA NEVADA COLLEGE SPORTS MEDICINE
PRE-PARTICIPATION QUESTIONNAIRE

The information contained in this medical history form will only be used by the Sierra Nevada College Sports Medicine for purposes of determining if you pose a health threat/risk to yourself on the athletic field. A SNC Athletic Trainer and/or Team Physician will discuss this information with you in detail later in your physical examination. This information will remain CONFIDENTIAL at all times.

Year of Eligibility: FR SO JR SR Redshirt Date: _____

Athlete's

Name: _____ Sport(s): _____
(Last)(First) (MI)

Student

ID: _____ Date of Birth: ____/____/____ Age ____ Sex ____

Local

Address/Dormitory/etc. _____
(street) (city) (state) (zip)

Permanent (Home) address: _____
(street) (city) (state) (zip)

Home Phone: () _____ Cell Phone: () _____

I. Person to notify in case of an emergency:

Name: _____ Relationship: _____

Address: _____
(street) (city) (State) (zip)

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____

II. Father's

Name: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

III. Mother's

Name: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

IV. Family

Physician: _____

Address: _____

(street) (City) (State) (Zip)

Phone: () Fax: ()



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Pre-Participation Physical Examination

Full Name: _____ Sport (s): _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____ If elevated: _____ / _____ / _____

Vision: Right Eye: 20/ _____ Left Eye: 20/ _____ Both Eyes: 20/ _____ Correction: ☐ Contacts ☐ Glasses

Pupils: ☐ Equal ☐ Unequal Mouth guard: ☐ Yes ☐ No

Sickle Cell Trait: ☐ Unknown & Discussed ☐ Yes ☐ No

General Medical	Normal	Abnormal Findings
Eyes/ Vision		
Ears/ Hearing		
Nose		
Mouth/ Dental		
Throat		
Thyroid		
Lymph Nodes		
Lungs		
Abdomen		
Genitourinary (males only)		
Hernia		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck/ Cervical		
Thoracic/ Lumbar		
Shoulder/ Upper Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee/ Patella		
Lower Leg/ Ankles		
Foot/ Toes		

Cardiovascular Screening		
<input type="checkbox"/> Systolic Ejection <input type="checkbox"/> Mid-systolic <input type="checkbox"/> Holosystolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Click <input type="checkbox"/> Valsalva ↑ ↓ <input type="checkbox"/> Squat ↑ ↓	Heart Murmur <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: I II III IV V VI Symmetric Femoral Pulses <input type="checkbox"/> Yes <input type="checkbox"/> No	Stigmata of Marfan's Syndrome – if appropriate: <input type="checkbox"/> Arm Span > Height <input type="checkbox"/> Chest Deformity (pectus excavatum/carinatum) <input type="checkbox"/> Glasses/ Contact Lenses <input type="checkbox"/> "Thumb" Sign <input type="checkbox"/> "Wrist" Sign <input type="checkbox"/> Scoliosis <input type="checkbox"/> High Palate

COMMENTS, RECOMMENDATIONS and PARTICIPATION STATUS
<input type="checkbox"/> Cleared for Athletic Participation <input type="checkbox"/> Not Cleared for Athletic Participation
<input type="checkbox"/> Cleared after completing evaluation/ rehabilitation for: _____
Reason for "Not Cleared" Status: _____
Recommendations: _____
Examining Physician Print Name: _____ Examining Physician Signature: _____
Date: _____

FOLLOW-UP FINAL CLEARANCE FROM SIERRA NEVADA COLLEGE ATHLETIC DEPARTMENT TEAM PHYSICIAN (if not initially cleared)
Signature: _____ Date: _____



Sierra Nevada College recommends that student athletes meet their nutritional needs through a well-balanced, nutritious diet and recommends against student athletes using unregulated dietary supplements. We understand that there may be student athletes under a physician's care that are taking nutritional supplements or medications due to diagnosed medical conditions or deficiencies. Please inform your athletic trainer if you are taking **any** prescribed medications or supplements.

NAIA Nutritional/Dietary Supplements Warning:

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

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

Banned Substances:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers (banned for rifle only)
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- 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:

- a. Blood Doping.
- b. Local Anesthetics (under some conditions).
- c. Manipulation of Urine Samples.
- d. Beta-2 Agonists permitted only by prescription and inhalation.
- e. Caffeine if concentrations in urine exceed 15 micrograms/ml.

NOTE: There is no complete list of banned drug examples!!

Check with your athletics department staff before you consume any medication or supplement.

For more information: Information on dietary supplements and banned drugs is available through the Drug Free Sport Axis: <https://dfsaxis.com/users/login>

- To access, go to <https://dfsaxis.com/users/login>, select NAIA, insert password naialive5. On the home page, select “Ask about Dietary Supplements” or go to the “Prescription/Over-the-Counter Drug Search”.

Student athletes are advised to bring **all supplements** to the designated athletics department staff member before using any supplements. The student athlete will be asked to fill out the **Student Athlete Nutritional Supplement and Disclosure Review Form**. The supplements will then be checked through the Drug Free Sport Axis. The DFSAxis is the only authoritative resource related to whether listed ingredients on nutritional supplement labels or in medications contain banned substances. Because of the changing nature of the dietary supplement industry and the manner in which manufacturers use proprietary names and rename products to suit their purposes, there is no way to create a reliable database of reviewed products. Institutional staff should submit each time a student athlete brings forth a dietary supplement as last year’s review may no longer apply to this year’s newly formulated product by the same name.

Student athletes will receive counseling and education about supplements and every effort will be made to help you make the best choice possible. However, you will be informed that all nutritional/dietary supplements can carry some risk of containing banned substances. “Positive drug-test appeals based on the claim that the student-athletes did not know the substances they were taking were banned have not been successful.” (NCAA Sports Medicine Handbook)

It is the responsibility of the student athlete to check with the appropriate athletics staff member before using any substance.

Any product containing a dietary supplement is taken at your own risk.

Sierra Nevada College

Sports Medicine

Student Athlete Nutritional Supplement Disclosure and Review Form

I, _____, am taking or intend to take the following nutritional supplements or ergogenic aids. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for an NAIA banned substance that may be found in any substance I take, regardless of the reason or purpose for taking such supplements.

I acknowledge and understand that the labeling on these products can be misleading and inaccurate, and that sales personnel are paid to sell these products and cannot accurately certify that these products contain no substances banned by the NAIA. Terms such as "healthy" or "naturally occurring" do not necessarily mean safe to take or use, or that the NAIA endorses a product or approves its usage.

Before taking or using any supplement, I am responsible for taking appropriate steps to ensure that it does not contain any substance banned by the NAIA. By making this disclosure, I am requesting that these products and their ingredients be reviewed by the Sierra Nevada College Athletic Training Department for the purposes of determining whether they are medically safe to use and do not contain substances banned by the NAIA. Even if the product does not contain any banned substances, I understand that 1) dietary supplements are poorly regulated by the U.S. FDA; therefore, the NAIA and the SNC Athletic Training Staff cannot guarantee the product's purity or safety, 2) Impure supplements can cause a positive drug test, and 3) I am advised that the use of this dietary supplement is at my own risk.

Manufacturer (Student-Athlete)	Supplement Name (Student-Athlete)	Comments (AT Staff)	Banned Substances (AT Staff)
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____
4. _____ _____	_____	_____	_____
5. _____ _____	_____	_____	_____

I acknowledge all statements herein to be truthful and accurate and have been advised on the risks of the substances I may be taking.

Student Athlete's Signature

Date

Head Athletic Trainer

Date