San Jose State University

Sports Medicine

Policies and Procedures

2010-2011
Mission Statement

The San Jose State University Sports Medicine staff is charged with the responsibility of providing the highest quality medical care to the intercollegiate athletic teams at the university in the most efficient manner possible. This responsibility includes administering to the health and welfare of the student-athlete on a daily basis and measuring their readiness for athletic competition. The sports medicine staff utilizes both the campus student health center as well as community medical resources and services on a daily basis. The sports medicine staff utilizes guidelines set forth by the NCAA and the Western Athletic Conference, as well as other medical associations including the American Medical Association and the National Athletic Trainers’ Association. The sports medicine staff is responsible for making critical decisions regarding medical aspects of athletic competition and communicating those decisions to various athletic department personnel and student-athletes at San Jose State University.

The Sports Medicine staff includes the certified athletic trainers (ATC), athletic training students, team physicians, and a wide variety of medical specialists who are utilized on a referral basis.
Scope of Responsibilities

The scope of responsibilities for this team is wide ranging and their duties and responsibilities are described below and in the following pages of this manual.

Prevention of Athletic Injuries / Medical Clearance

The team physician must clear student-athletes through a physical screening prior to participation in intercollegiate athletics. All student-athletes must receive an annual screening on campus from the team physician. The team physician has the ultimate responsibility for athletic clearance. If it is deemed that the student-athlete’s health or welfare may be jeopardized by participation in intercollegiate athletics, the physician has the option of initially withholding clearance or withdrawing clearance after a significant injury has occurred. The athletic training staff utilizes a Sports Medicine Health History in order to do a preliminary screening of student-athletes. This survey reviews the student-athlete’s medical history in order to better prepare the sports medicine staff to handle any potential medical issues that may arise during the student-athlete’s career at San Jose State University.

Preventative measures are taken throughout the athletic seasons. Consultations between the athletic trainers and physicians, coaches, strength coaches and nutritionists occur throughout the year to provide optimal care for student-athletes. Coaches are provided with end of the season recommendations for athletes outlining appropriate rehabilitation programs for returning student-athletes.

Preparticipation Physical Exams

It is required that all student-athletes receive and pass a physical screening prior to practice or competition. All student-athletes must receive an on campus screening and be cleared for participation by the team physician. Physicals from an off campus physician are not acceptable. A student-athlete may be recruited, but may not be granted medical clearance. The team physician must clear all student-athletes, regardless of recruiting status. The purpose of the pre-season screening is to ensure the safe participation of the student-athletes as well as to reduce the risk to the department with regards to both insurance and liability. Coaches who knowingly allow a student-athlete to participate without proper medical clearance are putting themselves, the student-athlete, and the athletics department at risk.

Contents of the physical screening include:

1. Appropriate paperwork
   A. Assumption of Risk
   B. University Drug Testing Consent
   C. Disclosure of Protected Health Information
   D. Insurance Information
   E. Sports Medicine Health History
   F. Athlete’s Authorization for Disclosure of General Medical Information
   G. Sickle Cell Trait Testing Guidelines
H. Consent for Medical Treatment of Minors (If student-athlete is under the age of 18)

2. Blood pressure, pulse, height, weight, and vision
3. General medical assessment which meets or exceeds the NCAA requirements
4. General Orthopedic assessment which meets or exceeds the NCAA requirements

See Appendix I for copy of preparticipation paperwork.

Tryout Requirements

Students wishing to tryout for an intercollegiate team must have a completed physical stating that they are physically fit to participate in that sport. A physical may be scheduled at the SJSU Student Health Center or through their own physician (MD or DO only). The Outside Physical Form must be used for visits to their own physician. Students wishing to tryout are responsible for any costs incurred with their physical. A Tryout Assumption of Risk Form must also be signed to tryout for an intercollegiate team at SJSU. Proof of sickle cell trait testing must be turned in to participate in the tryout. Sickle cell tests can be ordered by a physician when receiving a preparticipation physical examination if unable to obtain the results from testing that was performed at birth. At the end of the tryout period, if a student is going to be kept on a team, the pre-participation physical exam must be completed for continued participation.

See Appendix II for the Outside Physical Form and the Student-Athlete Waiver of Liability Form.

Summer Conditioning Requirements

Incoming student-athletes wishing to participate in voluntary summer conditioning must have a completed physical stating that they are physically fit to participate in that sport. A physical may be scheduled at the SJSU Student Health Center or through their own physician (MD or DO only). The Outside Physical Form must be used for visits to their own physician. Students wishing to tryout are responsible for any costs incurred with their physical. A Student-Athlete Waiver of Liability Form must also be signed to participate in voluntary summer conditioning at SJSU. Proof of sickle cell trait testing must be turned in to participate in summer conditioning. Sickle cell tests can be ordered by a physician when receiving a preparticipation physical examination if unable to obtain the results from testing that was performed at birth.

See Appendix III for the Outside Physical Form and the Tryout Assumption of Risk.

Sickle Cell Trait Testing

All student-athletes must undergo sickle cell trait testing, show documented results of a prior test or the individual declines the test and signs a written release. Presence of a sickle cell trait positive test is communicated to the team physician, athletic trainer for that sport, the head coach of the appropriate sport, assistant coaches and strength coaches for that sport. Student-athletes with positive results for sickle cell trait will have a meeting scheduled with the team physician and athletic trainer. The student-athlete will be educated on sickle cell trait and sign the Sickle Cell Trait Pre-Existing Condition Waiver and Release. The student-athlete with a positive result will be allowed to participate with modifications to conditioning and practice sessions as deemed necessary by the team physician and athletic trainer.
Yearly education and review of sickle cell trait in athletes will occur for the coaching staff. See Appendix IV for the Sickle Cell Trait Testing Waiver and the Sickle Cell Pre-Existing Condition Waiver and Release.

**Concussion Management**

Student-athletes in the sports of baseball, basketball, diving, football, gymnastics, soccer, softball and water polo will receive baseline concussion assessments prior to their first practice. Baseline tests will consist of the Standard Assessment of Concussions (SAC), Balance Error Scoring System (BESS) and ImPACT. Any student-athletes who exhibit signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and be evaluated by a certified athletic trainer or team physician. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. The same baseline assessments will be used post-injury at appropriate time intervals in assisting to determine return to participation. The team physician shall make the final decision for return to participation. This decision will be based upon the student-athlete being asymptomatic, having acceptable concussion assessment scores and passing physical exertion tests.

All student-athletes shall be given the NCAA Concussion Fact Sheet and sign a Student-Athlete Concussion Statement in which they accept responsibility for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions.

Yearly education and review of the concussion management plan will occur for the coaching staff. See Appendix V for the Student-Athlete Concussion Statement Form.

**Recognition, Treatment, and Rehabilitation of Athletic Injuries / Medical Referral**

The sports medicine staff is responsible for the management of injuries sustained during athletic related events. This management includes emergency or immediate care, evaluation of injuries, the development of treatment and rehabilitation plans, and follow-up evaluations. This is performed through direct coordination and communication with the certified athletic trainers, team physicians, and other medical specialists.

Certified athletic trainers are available on a daily basis in the athletic training rooms. Student-athletes have access to certified athletic trainers before and after practices as well as throughout the day. The Student Health Center physicians are available daily, during normal operating hours, for non-emergency problems on a referral basis during the normal academic school year. The team physicians are available in athletic training rooms a minimum of 2 days a week and student-athletes have access to the team physician on a referral basis. The team orthopedist is scheduled a minimum of once a week in an athletic training room. The student-athlete has access to the team orthopedist either at the athletic training room or at the physician’s office by referral from the sports medicine staff. An expanded network of other medical professionals is also used as needed on a referral basis.

**Referral of Student-Athletes to a Physician**

1. All student-athletes should be evaluated by a certified athletic trainer before going to see a physician or nurse practitioner for an athletically related injury or condition. The athlete MUST have a Student Health
Center Referral form (Appendix VI) signed by a staff athletic trainer before visiting the Student Health Center. If a student-athlete goes to the Student Health Center without a referral form, the student-athlete will be responsible for all charges incurred during that visit.

2. A staff athletic trainer should make an appointment for the student-athlete whenever possible.

3. When the student-athlete is seen by a team physician in one of the athletic training rooms, the appropriate Orthopedic Physicians Notes or General Medical Notes form (Appendix VII) should be utilized for medical documentation.

4. Following the exam, recommendations for care and activity level is communicated from the physician to a certified athletic trainer who then communicates the status of the student-athlete to the appropriate coach.

5. X-rays should be taken at the Student Health Center whenever possible, regardless of the physician the student-athlete is being referred to. Copies of the X-rays and pertinent Student Health Center records will be made in order that the student-athlete can take them with him/her to their appointment.

6. Student-athletes should be encouraged to use the Student Health Center for non-athletically related illnesses or conditions. If the situation should arise where a student-athlete with no health insurance needs further medical attention for a non-athletically related problem, the Student Health Center has a list of consultants and community care plans that are willing to see any student either at a discounted rate or are willing to set up flexible payment plans. When the SHC is closed, every effort will be made by the sports medicine staff to find other resources to help the student-athlete get the needed attention.

7. The decision to refer a student-athlete to an off-campus physician in a non-emergency situation will be made by a certified athletic trainer in conjunction with the team physician and the student-athlete. If a student-athlete chooses to go to an off-campus physician without prior approval, the student-athlete will be responsible for all charges incurred from that visit. If a coach makes an appointment for a student-athlete without prior approval of the athletic training staff, the student-athlete will be responsible for any charges incurred.

8. If it is deemed necessary or the student-athlete wants to have a second opinion, a certified athletic trainer will assist the student-athlete in arranging a second opinion with an off-campus physician.

9. If a student-athlete is referred to a physician outside of the medical staff referral base, the team physician will intervene to communicate with that physician and obtain copies of any notes or recommendations the physician has made.
**Student-Athlete Requiring Surgery**

A certified athletic trainer will assist the student-athlete in making all arrangements for surgery. The following steps should be followed when arranging a surgery for a student-athlete:

1. Arrange for a second opinion if necessary.

2. Facilitate the process for pre-authorization of insurance so billing is initiated in an appropriate manner. The Surgery Authorization form (Appendix VIII) may be utilized as necessary for authorization regarding SJSU’s athletics department insurance coverage.

3. The certified athletic trainer can assist with communication with the physician and the parents as necessary.

4. Arrange for all diagnostics and lab work and the necessary copies of all records.

5. The certified athletic trainer assists the student-athlete in arranging for follow-up visits to the physician either through the physician’s office or in an athletic training room.

6. Communicate information regarding the student-athlete’s ability to participate and at what level to the coach as needed.

7. Advise the student-athlete as to how a surgery may affect classes or school work and any post-surgery regimes or programs.

8. Coordinate with the surgeon to initiate rehabilitation.

**Emergency Treatment Outside of Traditional hours**

1. All coaches are provided with an emergency phone list. When possible, contact a member of the sports medicine team for instructions on how to deal with an emergency. If a member of the sports medicine team cannot be reached or it is a serious emergency, the procedures in Appendix IX should be followed.

2. Emergency Plans for all of the athletic facilities at San Jose State University can be found in Appendix IX. Coaches should follow the Emergency Plan if the emergency occurs at a San Jose State University facility.

3. All coaches are provided with each student-athlete’s insurance information in order to better help the student-athlete in an emergency.
4. The coaches are instructed to use a designated hospital when transporting a student-athlete to the hospital or emergency room.

5. If an injury occurs during a scheduled off-season practice where the student-athlete is receiving a Kinesiology credit, i.e. conditioning or weights, and there is no medical coverage, an incidence report should be filed as if the student-athlete is participating in a class.

5. Coaches are strongly encouraged to be certified in CPR and First Aid

Treatment of an Injured Student-Athlete During an In-Season Scheduled Practice or Competition

1. When an injury occurs, a member of the athletic training staff will examine the injured student-athlete. The following determination will then be made regarding the playing status of the student-athlete.
   A. Student-athlete can immediately return to activity
   B. Student-athlete needs further evaluation and is removed from activity
   C. Student-athlete is removed from activity for immediate physician referral
   D. Student-athlete is severely injured and requires transport to the hospital

2. Once the evaluation is made, treatment should be administered as needed and the appropriate staff members notified of the student-athlete’s status.

3. If physician referral is necessary, the Student Health Center will be utilized whenever possible, with necessary follow-ups made with the team physician or orthopedist.

4. If urgent medical attention is necessary, but the Student Health Center is not open, the student-athlete will be transported to the appropriate emergency room or urgent care center.

5. In cases of severe injury, the athletic trainer will activate EMS dialing 911 off-campus or 911 from a land line on campus or 924-2222 if using a cell phone on campus. Appropriate guidelines in Appendix IX would then be followed.

6. If a student-athlete is hospitalized, it is the responsibility of the certified athletic trainer to notify the coach and appropriate emergency contact as specified on the student-athlete’s emergency card. The certified athletic trainer should also maintain daily contact with the student-athlete and physician.
Catastrophic Injury

In case of a catastrophic injury and a certified athletic trainer is in attendance, the following people should be notified:

In case of a catastrophic injury, and an athletic training student is in attendance or there is no medical coverage, the following people should be notified:

The team physician will then assist with both the communication between the student-athlete and the medical staff and the appropriate follow-up appointments.

The following information should be provided to the emergency contact:

1. The following student-athlete was injured during a practice or competition.
2. The student-athlete was transported by ambulance to _____________ Emergency Room.
3. If available, the name of the physician treating the student-athlete.
4. Directions to the emergency room.
5. The name of the staff member who accompanied and is at the hospital with the student-athlete.
6. Additional in depth information regarding the incident should be released only through the Sports Information Office with approval from the athletic director or head athletic trainer.

Practice Coverage and Athletic Event Coverage

All in-season, official practices will be monitored by a certified athletic trainer. It is the coach’s responsibility to notify the athletic training staff of any changes to the practice schedule so arrangements can be made for coverage. Teams who are practicing out of season will not have direct coverage by an athletic trainer at practices, but the student-athletes continue to have access to the athletic training room during normal operating hours. The head athletic trainer must be informed in writing regarding athletic practice schedules. The assigned athletic trainer must approve adjustments to the schedule and must receive a written request to change the schedule at least 72 hours prior to the proposed change. Coaches are not authorized to initiate practice or competition without appropriate athletic training coverage. A request can be made for coverage for out of season scrimmages or games and will be accommodated when possible. Coaches should be familiar with the emergency care procedures and plans detailed in Appendix IX for situations which may arise during a practice or competition taking place after normal operating hours.

All home events are covered by a San Jose State University certified athletic trainer as well as athletic training students. A visiting team packet with services and supplies provided by the athletic training staff and contact information can be found on the athletic department website under Sports Medicine. A certified athletic trainer will travel to all in season away football, basketball, soccer, baseball, softball, gymnastics and volleyball contests. A team physician will be in attendance at all home football and basketball games. A physician will be on call for all other home contests. During special events such as conference tournaments and championships, a physician will be in attendance.

Home Competition Medical Preparation Requirements

When San Jose State University hosts a visiting team, for an in-season event, the following steps are taken to ensure proper preparation is completed prior to the date of competition:

1. The Visiting Team Information on the athletic department website under Sports Medicine will contain the following information:
   A. Services and supplies provided by the SJSU athletic training staff
   B. Athletic Training Staff members, the sports they cover and their contact information
   C. Emergency contact phone numbers for hospitals and team physicians

2. Supplies and equipment for all tournament and championship events will be dictated by the Western Athletic Conference and/or the NCAA
Home and Away Competition Medical Personnel Requirements

The following is a breakdown of each sport and the required medical personnel needed to adequately cover each in-season event.

**Football**
ATC: On site  
Team Physician: On site  
EMS: On site  
Travel: ATC and Team Physician

**Men’s/ Women’s Basketball**
ATC: On site  
Team Physician: On site  
EMS: On call  
Travel: ATC

**Men’s and Women’s Soccer/Baseball/Softball/Volleyball/Gymnastics**
ATC: On site  
Team Physician: On call  
EMS: On call  
Travel: ATC

**All Other Sports**
ATC: On site  
Team Physician: On call  
EMS: On call  
Travel: ATC when available

**Treatment of a Visiting Student-Athlete**

In the event that a visiting student-athlete requires hospitalization or emergency room treatment, the following steps should be taken:

1. If necessary, EMS should be activated by dialing 911 off-campus or 911 from a land line on campus or 924-2222 if using a cell phone on campus. A certified athletic trainer should also be notified. If available, a member of the sports medicine staff should accompany the student-athlete and act as a liaison.

2. If the student-athlete requires medical attention, but it is not deemed an emergency, during normal business hours, a San Jose State University Team Physician should be used whenever possible.

3. If emergency room care is needed, the visiting athletic trainer should be given directions to the currently designated hospital or HMO facility. A member of the sports medicine staff should phone ahead to the hospital or the appropriate HMO facility in order to facilitate the process of the student-athlete being seen promptly.
4. As soon as possible, the coach or appropriate administrator from the visiting institution should be notified of the status of the student-athlete.

5. If a team is travelling without a certified athletic trainer, a follow-up letter or phone call will be forwarded to the staff athletic trainer from the visiting institution outlining what occurred and the details of what took place in treating the student-athlete.

Medical Documentation / Communication

Information on all student-athletes including insurance, physical exams, physician notes, and various consent forms are filed in the student-athletes’ individual file in the athletic training room. The filing cabinets are located in locked staff offices. It is the responsibility of the sports medicine team to make sure that all documentation is accurate and up to date. All forms regarding a student-athlete’s health status are confidential. Status reports regarding the status of student-athletes are communicated to the coaches on an as needed basis.

Communication of Medical Information

All information regarding the medical status of a student-athlete is confidential. It is the responsibility of all parties involved with a student-athlete to respect and uphold this policy. No access to medical information will be released without prior written consent given by the student-athlete (Appendix X).

Injury Reporting to the Coaching Staff

1. Either a daily, bi-weekly, or weekly written status report may be utilized by the athletic trainer to report to the coaching staff the status of any injured student-athlete on any given team. If a written report is not desired by the coach, oral communication will be utilized when needed. Reports should contain the athlete’s injury, medical referral, practice, conditioning, and weight training status and restrictions. Specific instructions should be given when necessary.

2. Coaches are accountable for upholding all restrictions a student-athlete may have to insure the proper course of treatment and rehabilitation as determined by the athletic training staff.

Communication of Medical Information to Professional Sports Teams

Student-athletes who are considered potential professional prospects will be asked to sign an Authorization for Use or Disclosure of General Medical Information form (appendix X), which allows the athletic training staff to communicate medical information to coaches, scouts, or officials of professional sports teams or leagues.

Communication of Medical Information to the Media
Any information regarding a member of an athletic team should be released to the media through the sports information office. Under no circumstances should a member of the sports medicine team release any information to the media.

**Communication of Medical Information to Medical Providers and Insurance Companies**

Any requests for medical information should be filed through the Head Athletic Trainer or the director of the student health center. The student-athlete will be required to sign an **Authorization for Use or Disclosure of General Medical Information** (appendix X) before medical files will be released to anyone. This includes, but is not limited to: medical staff from other institutions, prospective employers, or anyone involved in litigation.

**Processing of Medical Bills / Medical Billing**

It is the responsibility of the designated athletic trainer to ensure that medical billing is taken care of in an appropriate and efficient manner. If the student-athlete possesses a primary insurance plan, this insurance will be utilized whenever possible. Appropriate authorizations should be obtained prior to services when possible in order to expedite treatment and ensure efficient payment of bills. In exceptional circumstances when it is not possible to use the primary insurance or the student-athlete does not possess insurance, the athletic department’s insurance plan will become primary coverage. The head athletic trainer, acting on the student-athlete’s behalf, will communicate with the primary insurance holder and the medical provider in order that bills are paid in a timely manner. It is also the responsibility of the sports medicine staff to inform the student-athlete, coaches, and parents or guardians about insurance and medical benefits, medical cost, medical referrals, and physical clearance.

**Medical and Insurance Coverage**

The majority of the student-athlete’s needs are able to be met at the Student Health Center located on campus. The student-athlete has access to health care providers at the Student Health Center, including primary care physicians, a sports medicine physician, podiatrist, dermatologist, registered dietitian and peer educators. In most cases, the student-athlete can be seen by a physician and get prescription medication for an injury or illness without leaving campus. There are cases when the student-athlete must be referred off-campus; for example, emergency follow-up care, specialized diagnostic testing, and referral to a specialist not available on campus. This is where the type of insurance the student-athlete is covered under becomes an important factor in the timely care of an injury or condition.

The athletic department has contracts with an independent insuring agency to provide medical coverage for student-athletes. This coverage is an excess or secondary coverage. Insurance coverage provided by the student-athlete’s parents, spouse, or employer will be used as the primary coverage. In a situation in which a student-athlete has no medical insurance through a parent, spouse, or employer, the insurance provided through the athletic department will become primary. The policy provided by the athletic department has a few specific limitations:

1. Injuries must occur as a result of participation in a supervised (San Jose State University staff member) practice or competition or while travelling as an official team member.
2. The first expense must be incurred within 120 days of the date of the accident and only expenses incurred with 104 weeks from the date of accident will be reimbursed.
3. Chiropractic care is covered up to a maximum of $1,000.
4. Payment as primary on the first $2,500 of diagnostic billings for covered conditions, when the student has an HMO coverage plan.

The following are exclusions to the insurance policy and no benefits are payable for:
1. Any injury occurring other than as a participant in a San Jose State University intercollegiate athletic event or the practice thereof.
2. Dental treatment, except as result of injury to sound and natural teeth as provided for in these benefits.
3. Replacement of eyeglasses, contact lenses or eye examinations of the correction of vision or fitting of corrective lenses unless the injury has caused impairment of sight.
4. Expenses for the treatment of sickness or disease in any form.
5. Infections, except for pyogenic infections due to accidental cut.

The responsibilities of the certified athletic trainer for claims processing is as follows:
1. Fill out a claim form after an accepted injury has occurred.
2. Send claim form and primary insurance information to the claims administrator when a notice of claim is submitted.
3. Review and approve claims for payment.
4. Forward all claims, itemized bills and primary insurer’s Explanation of Benefits (EOBs) to the claims administrator.

The insurance provided by the athletic department will not cover any illness or incident not related to athletics. Student medical insurance can be purchased through the California State University Health Insurance Program. This insurance is a supplement to the service provided through the Student Health Center. This coverage can be purchased by the semester or for an entire school year. This coverage is recommended for the college student who is without any type of medical insurance. Students may go to www.csuhealthlink.com to find out more information and/or purchase this insurance.

Athletic Training Students

Athletic training students are a select group of students who possess the following qualifications:

1. Have been formally admitted into the Athletic Training Education Program at San Jose State University
2. Possess current CPR and First Aid certification

Athletic training students work under the direction of the certified athletic trainers and team physician.

Athletic Training Students and Site Assignments
As part of their educational requirements, athletic training students must obtain a certain number of internship hours. Site assignments are a part of their learning experience. The site assignments are made based upon the athletic training student’s skills and their educational needs. The site assignments are used in part to help the athletic training student develop the necessary skills which are essential to becoming a successful certified athletic trainer. The athletic training students, however, are volunteers, and are not paid staff members and should not be treated as such. The Athletic Training Education Program student handbook delineates the athletic training student’s responsibilities. Their responsibilities should include the medical care of the student-athletes at their assigned site.

**Use of Over the Counter Medications in the Athletic Training Room**

For the convenience of the student-athletes and the medical staff, certain over the counter (OTC) medications are kept in the athletic training room. The medications are non-prescription in quality and strength and are given in individual dose units. The medications are dispensed by certified athletic trainers under the guidance of the team physician. Recommendations for the appropriate use of these medications are based upon the signs and symptoms presented. The student-athlete is cautioned to follow the instructions on the package. The student-athlete must sign the SJSU OTC Medication Documentation (Appendix XI) form to receive their medication. If the student-athlete's signs and symptoms persist, a referral to a team physician or the student health center is given for further evaluation.

OTC medications are available in the athletic training room. Medications will not be dispensed on a field or court except in specific situations such as an emergency, or when the medicine has been pre-approved by the team physician. One example of such a clinical setting is asthma.

**Over the Counter Medication Inventory**

An end of the year and initial inventory of over the counter medication will be performed on August 1 of each year. The Over the Counter Medication Inventory form (Appendix XII) will be used. The Over the Counter Medication Inventory form and the SJSU OTC Medication Documentation forms will be kept on file for seven years. Expired medications will be documented on the Over the Counter Medication form and will be disposed of by means that are compliant to federal and state laws.

**Prescription Pharmaceuticals**

A limited number of prescription pharmaceuticals will be stored in locked cabinets within the athletic training rooms. The certified athletic staff members will be the only people that have keys for access to these medications. The pharmaceuticals will be ordered by the Head Athletic Trainer after consultation with the team physicians. The pharmaceuticals will only be prescribed by a team physician. Pharmaceuticals that are dispensed are logged on the Prescription Pharmaceuticals Documentation Form (Appendix XIII), on the Orthopedic or Medical Notes form and in physician’s notes in SportsWare.
**Prescription Pharmaceuticals Inventory**

And end of the year and initial inventory of prescription pharmaceuticals will be performed on August 1 of each year. The Prescription Pharmaceuticals Inventory form (Appendix XIV) will be used.

Expired pharmaceuticals will be documented on the Prescription Pharmaceuticals Inventory form and will be disposed of by means that are compliant to federal and state laws.

**Institutional Drug Testing**

The institutional drug testing committee is chaired by the Head Athletic Trainer. The institutional drug testing policy allows for random testing of all student-athletes. Student-Athletes may also be tested if there is suspicion by coaches, administrators or athletic trainers of banned drug use. All certified athletic training staff members will be involved in the collection process for the drug screens. The National Center for Drug Free Sport (NCDFS) is utilized for the testing of the urine samples provided by the student-athletes. The samples are sent to the lab designated by the NCDFS and results are given to the head athletic trainer. The Director of Athletics receives the results of the tests and is responsible for punishments to student-athletes on any positive tests.

**NCAA Drug Testing**

The Head Athletic Trainer and the Director of Compliance are the primary contacts with the NCAA for their drug testing program. The Head Athletic Trainer and Director of Compliance will work together to make sure all appropriate contact information is current with the NCAA. The Head Athletic Trainer will be the primary contact for the testing and is responsible for communication with the NCAA specimen collectors and day of testing set-up.

**Coaches Responsibilities to the Medical Staff**

The coaching staff has specific responsibilities to insure the safety and well being of the student-athletes they coach. These responsibilities include:

1. Coaches are required to provide the athletic training staff with a written practice schedule. Coaches are required to request schedule changes at least 72 hours prior to the proposed change. Coaches are not authorized to initiate practice or competition without appropriate medical coverage.

2. Preparing for emergency situations if scheduling an after-hours practice or scrimmage. The coaches should understand that a risk is being assumed in holding a practice or scrimmage without medical coverage.

3. Coaches are encouraged to use the pre-participation survey to obtain a history of a potential recruit’s medical history.
4. It should be understood that pre-existing medical conditions are not covered by the athletic insurance.

5. It is the responsibility of the coaching staffs to follow the guidelines and restrictions set forth by the sports medicine team regarding the activity level of injured student-athletes.

6. Coaches should refer all inquiries regarding the status of an injured student-athlete to the sports information department. A coach should never discuss injuries or the status of an athlete with anyone outside of the sports medicine team.

**Hazardous Waste**

All medical staff will follow universal precautions for bio-hazardous waste as directed by federal and state laws stated in Appendix XV.

**Special Situations**

**Pregnancy**

Each situation will be treated individually and will follow the guidelines set forth by the NCAA. Decisions regarding the status of a pregnant student-athlete will be made cooperatively between the student-athlete, the team physician, and when necessary, her personal physician. Medical clearance may be withdrawn if the health and safety of the student-athlete may be jeopardized.

**HIV / AIDS**

Each situation will be treated individually and will follow the guidelines set forth by the NCAA. The student-athlete does not have to reveal their HIV status to the medical staff. It is the responsibility of the medical staff to take the proper and necessary precautions regarding blood borne pathogens when treating all student-athletes.

**Eating disorders**

Each situation will be treated individually. When necessary, appropriate referrals will be made to the team physician, counselors, registered dietician or specialists in the community.

**Psychological Conditions**

Student-Athletes suspected of having issues with depression, suicidal thoughts, alcohol abuse, drug abuse and other psychological conditions will be referred to the University Counseling Services or an outside agency for treatment.

**Treatment of Kinesiology students injured during a class**
The sports medicine staff can only administer first aid in the event that a student gets hurt during a class. It is the responsibility of the instructor to notify campus police and have the student transported to the student health center. The instructor is also responsible for filling out and filing an incident report.

**Treatment of spectators injured during a practice or event**

The sports medicine staff can only administer first aid in the event that a spectator becomes injured during a practice or game. It is the responsibility of event staff to notify campus police who will facilitate appropriate transportation for the injured person. It is also the responsibility of event staff to fill out and file an incident report.
Appendix I

Dear Student-Athlete:

On behalf of the athletic training staff, we would like to welcome you to San Jose State University. You will be required to report to the Athletic Training Room in the Simpkins Stadium Center on campus for your pre-participation physical exam. You will be notified by your coach for the date and time of your exam. Please come to your physical exam appropriately dressed, in shorts and a t-shirt or tank top. Enclosed you will find physical forms, drug testing consent forms, medical record forms, and insurance information forms which you will need to read and fill out completely before reporting to the Athletic Training Room. The following directions are provided to allow you to fill your paperwork out in the correct and most efficient manner. Please bring a photo ID with you to your physical exam.

Assumption of Risk Form: Read, sign and date the disclaimer.

University Drug Testing Consent: Read, sign and date the form.

Disclosure of Protected Health Information: Read, sign and date the form.

Insurance Information: Fill in all personal and insurance information, sign, and date form. Please make a photo copy of the front and back of insurance card and bring with you to your physical exam.

Sports Medicine Health History: Complete both pages of the form. Sign and date second page.

Athlete’s Authorization for Disclosure of General Medical Information: Fill in information below RESTRICTIONS only.

Consent for Medical Treatment of Minors: To be completed only if student-athlete is under the age of 18.

IF YOU ARE UNDER THE AGE OF 18: A parent or guardian must sign the Assumption of Risk form, University Drug Testing Consent form, and the Consent For Medical Treatment of Minors form. These forms must be signed for a physical to be completed.

Please do not hesitate to call if you have any questions or concerns regarding your pre-participation physical exam. We look forward to meeting you.

Sincerely,

Scott Shaw MA, ATC
Director of Sports Medicine
(408) 924-1297
scott.shaw@sjsu.edu
The Intercollegiate Athletic Program carries an excess accidental insurance policy. This means the policy will cover costs not paid by the student-athletes’ or student-athletes’ parents’ primary insurance.

- Student-athletes will be covered by the accidental insurance only if they complete a physical exam and provide a completed insurance information form.
- No individual may practice or compete without obtaining an athletic clearance from the Team Physician and completion of these forms. If this is not done, insurance coverage cannot be provided and medical care cannot be given. A PHYSICAL FROM AN OUTSIDE PHYSICIAN IS NOT ACCEPTABLE.
- Benefits are limited to injuries sustained during participation in regularly scheduled and supervised team activities. Coverage includes participation in actual games, practices, scrimmages, strength and conditioning workouts, or while in transit from the Campus to another institution with the Team.
- San Jose State University athletic health insurance only provides secondary coverage. This means that your own or your parent’s health insurance policy will take precedence when paying medical expenses. Any medical expenses not covered by the insurance company will be the athlete’s responsibility.
- Any student-athlete with a pre-existing or recurring (i.e. an injury that occurred prior to participation at this institution) injury will not be covered by the athletic insurance unless the particular injury has been cleared by the team physician and recorded as stable.
- The head athletic trainer administers athletic insurance claims and medical referrals.
- The insurance provided by the Athletic Department will not cover any illness or incident unrelated to athletics. Student medical insurance can be purchased through the California State University Health Insurance Program. This insurance is a supplement to the service provided through the Student Health Center. This coverage can be purchased by the semester or for an entire school year. This coverage is recommended for the college student who is without any type of medical insurance. Go to www.csuhealthlink.com to find out more information and/or purchase this insurance.
- Any injury or condition that will affect an athlete’s participation in team practice or competition must be reported to the athletic trainer before referral to the Student Health Center or Team Physician.
- No individual will be permitted to return to practice or competition after a significant injury without the consent of the Team Physician or athletic trainer.
- All injuries must be reported to the athletic trainer. Under no circumstances should an athlete seek outside care without proper referral by the Team Physician or Staff Athletic Trainer. If an athlete seeks outside medical care without an appropriate referral THEY WILL BE RESPONSIBLE FOR ALL RELATED MEDICAL EXPENSES. No liability on the part of San Jose State University exists or may be assumed to exist for off-campus medical or dental treatment or hospitalization of any kind of athletic injuries without prior referral.
- Primary medical insurance: This is coverage arranged by yourself, a parent, spouse or employer. Typically classified as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). HMO’s are affordable and convenient, however, severely limit the medical service required by a competing athlete. Delays may affect ability to complete or be ready for a season. Recommended coverage involves insuring through a plan that allows for a physician of choice to be seen when required. If coverage is through an HMO the primary care physician should be located close to campus.
- Medical bills: Please take all medical bills and corresponding Explanation of Benefits (EOB) to the head athletic trainer. The head athletic trainer will send the bill and EOB to the Athletic Department’s insurance company for payment. Please contact the Head Athletic Trainer if there are any further questions regarding medical bills or insurance coverage.
San Jose State University Athletic Department

Name: ___________________________ SJSU ID # _______________________

(PRINT CLEARLY)

DISCLAIMER:

I. I have read the entire contents of the “Medical Procedures and Insurance Policies” and understand all of
the statements outlined. Initial ______

II. I realize that there is a risk of injury or death as a result of athletic practice and competition. Any type of injury can
occur. Possible serious injuries include (but are not limited to) the following:
- Brain damage
- Spinal cord injury
- Quadriplegia (paralysis of all four limbs)
- Paraplegia (paralysis of two limbs, usually legs)
- Fractured (broken) neck
- Fractured (broken) back
- Heat Injury/Illness Can lead to internal organ damage or death
- Other types of less serious injuries that can occur include strains, sprains, contusions and other fractures
Initial ______

III. I accept the responsibility for reporting my injuries and illnesses to the San Jose State University Sports Medicine
Staff, including signs and symptoms of concussions. Initial ______

III. I understand that my signature below means that I accept the “Intercollegiate Athletics, Medical Procedures and
Insurance Policies”; that I understand the risk of potential injury stated in paragraph II; that I accept responsibility
for reporting my injuries and illnesses; and that I consent to assume the risk involved throughout my participation
as an Intercollegiate Athlete at San Jose State University.

_________ Date ___________ Signature of Student-Athlete

_________ Date ___________ Signature of Parent or Guardian if student-
athlete is 17 years old or younger
I, __________________________________, hereby acknowledge that I have received a copy of the San Jose State Athletic Department Drug Screening and Substance Abuse Program. I further acknowledge that I read the policy, that it has been outlined to me, and that I fully understand the provisions of the Policy. It is understood that you must sign this form in order to participate in Intercollegiate Athletic practices and competitions at San Jose State University.

I agree to allow the San Jose State University Athletic Department to drug test in accordance with the procedures including any random and team testing as outlined to me;

I agree that with reasonable suspicion due to the objective characteristics of changes in behavior, grades, and/or physical attributes observed by any of the following including the head coach, athletic trainer, athletic administrator, I may be drug tested;

I agree to be bound by the penalties outlined in the Athletic Department’s Drug Screening and Substance Abuse Program policy;

I agree that I was provided an opportunity to review these procedures as outlined in the Drug Screening and Substance Abuse Program;

I agree to have the drug testing results provided to the Athletic Drug Advisory Committee as well as my head coach;

I understand that the consequences outlined below include both the San Jose State University Athletics Department in-house drug-testing program, as well as, the NCAA year-round drug-testing program;

I understand that a first positive test will result in mandatory counseling through the University and suspension from competition including pre and post season for a time period of 10% of the team’s season, to begin immediately; (EXCLUDES PRACTICE); and that if a minor, my parents or legal guardian will be notified;

I understand that a second positive test will result in the removal from athletic participation with all financial aid being withdrawn for one (1) year, to begin immediately; and that if a minor, my parents or legal guardian will be notified;

I understand that a third positive test will result in the immediate removal from all further athletic competition for the remainder of the athlete’s career; and that if a minor, my parents or legal guardian will be notified;

I understand that if I sign this statement falsely or erroneously, I will violate NCAA legislation or ethical conduct and my eligibility will be jeopardized.

__________________________________________  __________________________________________
Date                                                Signature of Student-Athlete

__________________________________________  __________________________________________
Date                                                Signature of Parent or Guardian (if student-athlete is a minor)

Name of Student-Athlete (please print)

__________________________________________  __________________________________________
Sport                                                SJSU ID #
Student Athlete Authorization/Consent
for
Disclosure of Protected Health Information

I, ________________________, hereby authorize San Jose State University and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the SJSU Sports Information Department and the Western Athletic Conference.

I understand that my protected health information will be used by the SJSU Athletics Department and the Western Athletic Conference for whatever reasonable purposes deemed necessary.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

I also understand that the Western Athletic Conference is not covered by the Buckley Amendment or HIPAA and that these regulations will not apply to the Western Athletic Conference’s use or disclosure of my injury/illness information.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Printed Name of Student Athlete ______________________ Signature __________________ Date ____________

SJSU ID #
Health Insurance Information / Authorization

Student-Athlete’s Name: ________________________________ SJSU ID #: ____________________ Yr. In School: ____________

Sex: □ Male □ Female Date of Birth: ________________ Sport: _______________________

Permanent Address: __________________________________________

City: __________________________ State: ___________ Zip: _________________

Phone #: ________________________ Social Security No.: ______________________

Campus Address: _____________________________________________

City: __________________________ State: ___________ Zip: _________________

Cell Phone #: _____________________ E-Mail: _______________________

Parents'/Guardians’ Names: 1. ___________________________ 2. __________________________

Relationship: 1. ___________________________ 2. __________________________

Home Phone Number: 1. ___________________________ 2. __________________________

Work/Cell Phone Number: 1. ___________________________ 2. __________________________

### PRIMARY INSURANCE INFORMATION

Name: ____________________________________________ SS No.: ________________________ DOB: ______________

Home Address: ________________________________________

Home Phone: ____________________________ Employer: ___________________________

Employer Address: ____________________________ Work Phone: ____________________________

Insurance Company: ____________________________ Address: ____________________________

Policy / ID #: ____________________________ Group #: ____________________________

Insurance Company Phone #: ____________________________

Type of Insurance: □ HMO □ PPO □ Other ____________________________

Primary Care Physician: ____________________________ Physician’s Phone #: ____________________________

Is pre-authorization necessary for diagnostic medical services? □ Yes □ No Phone #: ____________________________

### SECONDARY INSURANCE INFORMATION

Name: ____________________________________________ SS No.: ________________________ DOB: ______________

Home Address: ________________________________________

Home Phone: ____________________________ Employer: ___________________________

Employer Address: ____________________________ Work Phone: ____________________________

Insurance Company: ____________________________ Address: ____________________________

Policy / ID #: ____________________________ Group #: ____________________________

Insurance Company Phone #: ____________________________

Type of Insurance: □ HMO □ PPO □ Other ____________________________

Primary Care Physician: ____________________________ Physician’s Phone #: ____________________________

Is pre-authorization necessary for diagnostic medical services? □ Yes □ No Phone #: ____________________________

• The San Jose State University Department of Intercollegiate Athletics’ accident policy provides insurance for student-athletes with injuries occurring only when participating in the play or practice of intercollegiate athletics. This accident policy is considered “EXCESS or SECONDARY” to any other collectible group insurance benefits. Therefore, any claims for benefits must first be filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will the San Jose State University Department of Intercollegiate Athletics’ insurance carrier consider payment for any remaining balances.

• I hereby authorize the San Jose State University Department of Intercollegiate Athletics, affiliated hospitals & physicians, to furnish information to insurance carriers concerning any illness, injury & treatments, and I hereby assign to the party all payments for medical services rendered to the student-athlete.

• I agree to supply any and all information requested by my primary insurance, the San Jose State University Department of Intercollegiate Athletics and their excess insurance in a timely manner.

• A photocopy of this authorization shall be deemed as effective and valid as the original.

• I agree to notify the San Jose State University Athletic Training Room immediately upon any change in the above health insurance information. If I fail to do so, I fully understand that I may be responsible for any and all charges incurred.

• I hereby certify that I have read and understand the above statements, that any and all questions have been answered to my satisfaction, and that the answers provided are true, complete and correct to the best of my knowledge.

Student-Athlete’s Signature: ____________________________ Date: ____________________________
SAN JOSE STATE UNIVERSITY
SPORTS MEDICINE HEALTH HISTORY FORM

Name ______________________________  Sport ____________________  Date ________________

SJSU ID #___________________________

PLEASE ANSWER ALL QUESTIONS

Have you had any of the following? (please circle)
1) concussion  15) frequent nausea/vomiting
2) head injury  16) blood in stool
3) loss of consciousness  17) pain when urinating
4) frequent headaches  18) blood in urine
5) dizziness, fainting  19) stomach pain
6) visual problems  20) menstrual problems
7) frequent nose bleeds  21) hernia
8) gum or tooth problems  22) joint pain/swelling
9) capped or missing teeth  23) decreased joint movement
10) braces  24) sinus, ear, nose, throat problems
11) chest pain  25) skin problems (boils, etc)
12) trouble breathing  26) feelings of sadness, depression, anxiety, etc.

Check if you or a family member has ever had the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>You</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) migraine headache</td>
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<tr>
<td>2) diabetes</td>
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<tr>
<td>3) high blood pressure</td>
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<tr>
<td>4) epilepsy/convulsions</td>
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<td>5) heart problems, murmurs, irregular beats</td>
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<tr>
<td>6) asthma</td>
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<td>7) aneurysms</td>
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<tr>
<td>8) tuberculosis (TB)</td>
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<tr>
<td>9) sudden death</td>
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<tr>
<td>under age 50</td>
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<td></td>
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<tr>
<td>10) eating disorder</td>
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<td></td>
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<tr>
<td>11) sickle cell trait</td>
<td></td>
<td></td>
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<tr>
<td>12) sickle cell disease</td>
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</tbody>
</table>

Have you ever had an operation or been in the hospital?
Yes ____  No ____  When? _____________________________________________________________________

Do you wear glasses or contacts?
Yes ____  No ____  If yes, Glasses ____  Contacts ____

Are you taking any medications now?
Yes ____  No ____  If yes, list name & dosage ________________________________________________

Are you allergic to any medications?
Yes ____  No ____  If yes, please list _________________________________________________________

Do you have any allergies?
Yes ____  No ____  If yes, please list _________________________________________________________
List below any injuries or problems of the muscles, bones, joints, ligaments, or nerves (ex. broken bones, dislocations, pinched nerves, sprains, strains, etc.):

<table>
<thead>
<tr>
<th>Part</th>
<th>Seen by doctor</th>
<th>Treatment: ice, cast, etc.</th>
<th>Surgery, rehab.</th>
<th>X-ray taken</th>
<th>Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
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<td>Back</td>
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<td>Shoulder</td>
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<td>Arm</td>
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<td>Elbow</td>
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<tr>
<td>Wrist/Hand</td>
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<tr>
<td>Thumb/Finger</td>
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<tr>
<td>Ribs</td>
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<tr>
<td>Pelvis/Hips</td>
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<tr>
<td>Leg</td>
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<tr>
<td>Knee/Knee Cap</td>
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<tr>
<td>Ankle</td>
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<tr>
<td>Foot/Toes</td>
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</table>

If yes to any of the above, are you still having problems?

____________________________________________________________________________________

If you marked yes to any of these questions please describe:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you wear any protective equipment? (i.e. ankle/knee braces, neck collar, etc.)
Yes ____ No ____ If yes, what? __________________________

Do you tape any joints routinely?
Yes ____ No ____ If yes, what? __________________________

Describe any other injuries, accidents, illness or surgery not listed above:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I CERTIFY THAT THE MEDICAL INFORMATION SUBMITTED ABOVE IS COMPLETE AND ACCURATE.

_____________________________________________  _______________________________________
Please Sign Full Name                            Date
Athlete’s Authorization For Disclosure of General Medical Information

This authorization for disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et seq. of the California Civil Code.

AUTHORIZATION

I hereby authorize San Jose State University Student Health Center to release to: Athletic Training Staff, San Jose State University Intercollegiate Athletics

THIS AUTHORIZATION IS LIMITED TO THE FOLLOWING MEDICAL INFORMATION:

______ Medical records related to my illness/injury on or about (date) 
______ Health History and Physical Examination.
______ X-ray report(s), date(s)
______ Laboratory test(s), date(s)
______ Complete medical record.
______ Other: (specific type of information to be released)

For the purpose of

DURATION:

This authorization shall become effective immediately and shall remain in effect until:

the duration of athletic eligibility

RESTRICTIONS:

I understand that the Athletic Training Staff may not further use or disclose the medical information unless authorization is obtained from me, or unless such use or disclosure is specifically required or permitted by law.

Patient’s Signature________________________ ID#____________________
Printed Name ____________________________ Birth Date________________
Address ____________________________________________
_________________________ (street) (City & State) (Zip)
Witness______________________________ Date____________

I further understand I have a right to receive a copy of this authorization upon my request.
Copy requested and received: ___yes ___no Initials____ Date_______
The Division I Legislative Council has decided that beginning in the 2010-2011 academic year all Division I student-athletes MUST DO ONE of the following three (3) options with regards to sickle cell trait testing. YOU WILL NOT BE ABLE TO PARTICIPATE IN ANY SAN JOSE STATE UNIVERSITY ATHLETIC RELATED ACTIVITIES UNTIL ONE OF THE THREE OPTIONS HAS BEEN MET.

Please initial by your choice:

_______ Agree to be tested for sickle cell trait testing

_______ Show proof of prior sickle cell trait testing

_______ Sign a waiver releasing San Jose State University from liability if you decline to be tested for sickle cell trait

*If you choose to decline sickle cell trait testing, please sign the “Sickle Cell Trait Testing Waiver” on the next page.*

Name of Student-Athlete (print or type) __________________________

SJSU ID Number __________________________

Date of Birth __________________________

Signature of Student-Athlete __________________________

Date __________________________

Sport __________________________

Signature of Parent / Legal Guardian __________________________

Date __________________________

(if student-athlete is under 18 years of age)

Signature of Parent / Legal Guardian (if student-athlete is under 18 years of age) __________________________

Date __________________________

Witness Signature __________________________

Date __________________________
CONSENT FOR MEDICAL TREATMENT OF MINORS

The undersigned parent or guardian of ___________________________ who is _____ years old, hereby authorizes the medical staff of the Athletic Training Room, as agents for the undersigned to consent to any diagnostic procedure (including x-rays), to the administration of any medical treatment, or to any hospital care when any or all of the foregoing is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

Date ___________________ Signature ________________________________
(Parent or Guardian)

Student’s Full Name ________________________________________________
(Last) (First)

Address _______________________________________________________________________

Telephone Where Parent or Guardian May Be Reached:

Mother/Guardian
Home: (____)________________________ Business: (____)_______________

Father/Guardian
Home: (____)________________________ Business: (____)_______________

Student’s Birthdate: ____________ Student ID Number: _____________

Allergies to Medication or Foods: ____________________________________________
________________________________________________________________________

Any Special Medications or Pertinent Information: _______________________________
________________________________________________________________________

Student’s Physician: ______________ Phone: (____)_________
ATHLETIC PARTICIPATION
PHYSICAL EXAM FORM

NAME: ________________________________  SJSU ID #_____________________

SPORT(S)_________________________

Part I – To be completed by athletic trainer

Date exam performed

VITALS:
Age
Height
Weight
Pulse
Blood Pressure

VISUAL ACUITY:
Without Lens  R
L

With Lens  R
L

Part II – To be completed by physician or physician’s assistant.

SCALE:  O = Negative  X = Positive

Ears, Nose, Throat
Dental –
  Missing/chipped teeth
  Removable appliances
  Orthodontia

Lungs
Heart
Abdomen
Skin
Genitalia/Hernia

Comments/Notes:
____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________
MUSCULOSKELETAL EVALUATION; FLEXIBILITY, JOINT STRESS TEST AND CREPITATIONS (describe any abnormalities found)

<table>
<thead>
<tr>
<th>1) SPINE:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
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<tbody>
<tr>
<td>CERVICAL</td>
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<td>THORACIC</td>
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<td>LUMBAR</td>
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<th>2) SHOULDER:</th>
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<th>Abnormal</th>
<th>Comments</th>
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<th>3) ELBOW:</th>
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<th>4) WRIST/HAND:</th>
<th>Normal</th>
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<th>Comments</th>
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<th>5) FINGERS:</th>
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<tr>
<th>7) THIGH:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Quads/Hamstring</td>
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<thead>
<tr>
<th>8) KNEE: Patella, Meniscus, Ligaments</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
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<tbody>
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<td>R</td>
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<tr>
<th>9) ANKLE:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
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<th>10) FEET:</th>
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<th>11) TOES:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
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FINDINGS / COMMENTS / RECOMMENDATIONS:

Name: ___________________________ was examined by me on (DATE) ________________

On that day he/she was physically fit to participate in ALL / NONE sports, the exception being __________________________. (If none, state "none").

Examining Physician: ___________________________
STUDENT-ATHLETE WAIVER OF LIABILITY FORM
San Jose State University Intercollegiate Athletics, Form SAE-20, Page 1 of 1

Name:_____________________________ Sport:_____________________________

(Print Clearly)

SJSU ID #________________________________

DISCLAIMER:

I. I realize that there is a risk of injury as a result of athletic practice and competition. Any type of injury can occur. Possible serious injuries include (but are not limited to) the following:
   Brain damage
   Spinal cord injury   Quadriplegia (paralysis of all four limbs)
   Paraplegia (paralysis of two limbs, usually legs)
   Fractured (broken) neck
   Fractured (broken) back
   Other types of less serious injuries that can occur include strains, sprains, contusions and other fractures

II. I understand that I am voluntarily participating in this tryout at San Jose State University (SJSU). I fully release the State of California, SJSU, and its athletic trainers, coaches, officers, employees and agents from any and all liability, claims, costs, expenses, injuries or losses that result from my participation in this tryout.

III. I understand that my signature below means that I accept all risks, consequences, and will take full responsibility for these risks while participating in this tryout.

____________________   ______________________
Date                    Signature of Student-Athlete

____________________   ______________________
Date                    Signature of Parent or Guardian if student-athlete is 17 years old or younger
Appendix III
Appendix IV
SAN JOSE STATE UNIVERSITY SPORTS MEDICINE

About Sickle Cell Trait-

• Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
  • Sickle cell trait is a common condition (> three million Americans)
• Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
• Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing-

• The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
• The San Jose State University Department of Intercollegiate Athletics can arrange sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination and/or the recertification physical examination process.
• Testing will be conducted by the Student Health Center and results will be reported to a San Jose State University Team Physician and/or a member of the San Jose State University Athletic Training Staff.

SICKLE CELL TRAIT TESTING WAIVER

I, ____________________________, understand and acknowledge that the NCAA and the San Jose State University Department of Intercollegiate Athletics mandates that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to San Jose State University Sports Medicine personnel.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and/or my recertification physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless the State of California, the University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NCAA and the San Jose State University Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Name of Student-Athlete (print or type)  SJSU ID Number  Date of Birth

Signature of Student-Athlete  Date  Sport

Signature of Parent / Legal Guardian (if student-athlete is under 18 years of age)  Date

Witness Signature  Date
SAN JOSE STATE UNIVERSITY
DIVISION OF INTERCOLLEGIATE ATHLETICS
SPORTS MEDICINE DEPARTMENT

PRE-EXISTING CONDITION WAIVER AND RELEASE

I, __________________________ affirm that I have been informed by San Jose State University

Student-Athlete Print Name

Sports Medicine personnel on ______________ that I have tested positive for the following condition:

1. Sickle Cell Trait Positive Initial ________

About Sickle Cell Trait-

• Sickle cell trait is an inherited condition of the oxygen carrying protein, hemoglobin, in the red blood cells.
• Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.
• Likely sickling settings include timed runs, all out exertion of any type for 2 – 3 continuous minutes without a rest period, intense drills and other spurts of exercise after prolonged conditioning exercises, and other extreme conditioning sessions.
• Common signs and symptoms of a sickle cell emergency include, but are not limited to: increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; and/or immediate symptoms with no early warning signs.

I, the undersigned, do hereby affirm that I have been informed that I am sickle cell trait positive. I further attest that the physical finding and recommendations have been discussed with me by a member of the San Jose State University Sports Medicine Department; and that I fully understand the recommendations and have had any and all questions answered to my satisfaction. I have been told to notify my private physician as soon as possible that I am sickle cell trait positive, and I agree to do so. I also have been advised to share this information with my parent or guardian. I further attest that I will notify a member of the San Jose State University Sports Medicine Department immediately should I begin to feel weakness, cramping sensations, difficulty breathing and/or catching my breath, and/or any other signs or symptoms of distress during or after exercise without fear of repercussion.

_____________________________  __________________
Student-Athlete Signature    Date

_____________________________  __________________
Parent/Guardian Signature (if student-athlete is under 18 years of age)    Date

_____________________________  __________________
Examining Physician Signature    Date

Examining Physician Print Name

_____________________________  __________________
Athletic Trainer Signature    Date

Athletic Trainer Print Name
Appendix V
San Jose State University
Student-Athlete Concussion Statement

_____ I understand that it is my responsibility to report all injuries and illnesses to my athletic Initial trainer and/or team physician.

_____ I have read and understand the NCAA Concussion Fact Sheet. Initial

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my Initial team physician or athletic trainer.

_____ A concussion can affect my ability to perform everyday activities, and affect Initial reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms Initial right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the Initial injury to my team physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to Initial the head or body that results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. You are much more likely Initial to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and Initial even death.

__________________________________________________________________________  __________
Signature of Student-Athlete                                                Date

__________________________________________________________________________  __________
Printed name of Student-Athlete                                             SJSU ID #
Appendix VI
SAN JOSE STATE UNIVERSITY
STUDENT HEALTH CENTER / ATHLETIC TRAINING ROOM
PHYSICIAN REFERRAL
APPOINTMENT #: 408-924-6122

NAME: ___________________________________________ DATE: ___________________

ID #: ___________________________________________ SPORT: ___________________

EVALUATION/IMPRESSION:
______________________________________________________________________________
______________________________________________________________________________

REQUESTED TEST(s):
______________________________________________________________________________

REFERRED BY:

Scott Shaw ATC 924-1297 924-6285 fax
Hisashi Imura ATC 924-1256 924-1293 fax
Paul-Wayne Mahlow ATC 924-1470 924-1301 fax
Shawna Bryant ATC 924-1263 924-6285 fax

Jaclyn Alongi ATC 924-1263 924-6285 fax
Jonathan Falatic ATC 924-1256 924-1293 fax
Daryl Finch ATC 924-1257 924-1301 fax
Andrew Peters ATC 924-1257 924-1301 fax

PHYSICIAN’S REPORT

DIAGNOSIS:
______________________________________________________________________________
______________________________________________________________________________

X-RAY FINDINGS:
______________________________________________________________________________

LAB FINDINGS:
______________________________________________________________________________

RECOMMENDATIONS:
______________________________________________________________________________

FOLLOW-UP VISIT: _______________________

SIGNATURE ___________________________________________
Appendix VII
SJSU Orthopedic Clinic Notes

Name ____________________________
SJSU ID #: ________________________
Date: ______________ Sport: __________
Dr. __________________________________
Athletic Trainer: ______________________

Allergies  NKDA  Other: ______________________

Current Medications: _____________________________________________________________

Status of Visit:  Initial  Follow-up

SUBJECTIVE
Patient Complaints: ________________________________________________________________
Onset __ hrs __ days __ wks
Mechanism of Injury: ________________________________________________________________

Previous History: _________________________________________________________________

OBJECTIVE
Affected Area:

<table>
<thead>
<tr>
<th>Spine</th>
<th>R</th>
<th>L</th>
<th>Cervical</th>
<th>Thoracic</th>
<th>Lumbar</th>
<th>Sacral</th>
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<tr>
<td>Joint</td>
<td>R</td>
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<td>Elbow</td>
<td>Wrist</td>
<td>Finger</td>
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<td></td>
<td></td>
<td>Hip</td>
<td>Knee</td>
<td>Ankle</td>
<td>Foot</td>
</tr>
</tbody>
</table>

Muscle: R  L ________________________________________________________________

Other: _________________________________________________________________

PHYSICAL EXAMINATION

Effusion:  None  Trace  Mild  Moderate  Severe

ROM:  Full  Other: ____________________________________________________________

Palpation: _________________________________________________________________

Strength: _________________________________________________________________

Special Tests: ______________________________________________________________

Radiological Findings: ______________________________________________________

ASSESSMENT

________________________________________________________________________________

________________________________________________________________________________

PLAN

RICE  Rehab  Splint  Cast  Boot  X-Ray  MRI
   CT Scan Bone Scan  WB  NWB

Specialist Referral: ____________________________
Surgery: ______________________________________

Status:  Cleared  Not Cleared
Meds- Oral: __________________________________

Restrictions: __________________________________
Injection: ____________________________________

Other: _________________________________________

F/U: __ hrs __ days __ wks __ PRN  
Physician: ____________________________________
SJSU General Medicine Clinic Notes

Name___________________________
SJSU ID #:_______________________ Date:______________ Sport:__________________________
Dr._____________________________ Athletic Trainer:_______________________________
Allergies NKDA Other:____________________________________________________________
Current Medications:________________________________________________________________
Status of Visit: Initial Follow-up

SUBJECTIVE

Patient Complaints:___________________________________________Onset__hrs__days__wks

Symptoms: Headache Congestion Dizziness Vomiting Diarrhea Fatigue
Sore Throat Sneezing Cough Abdominal Pain Chills
Other Symptoms:________________________________________________________

Previous History:____________________________________________________________________________

OBJECTIVE

Affected Area:______________________________________________________________

Vital Signs: Stable BP_____/______ P____ R____ T____

HEENT: Normal Abnormal_____________________________________________________
Lungs: CTA Bilaterally Abnormal_________________________________________________
Abdomen: Normal Abnormal____________________________________________________

Neuro: A+Ox3 CN II-XII Intact 2/4 DTRs 5/5 MS Cerebellar
Bilateral SLR Abnormal_____________________________________________________

Other Findings:______________________________________________________________

PHYSICAL EXAMINATION

Special Tests:_______________________________________________________________________

Radiological/Lab Findings:________________________________________________________________

ASSESSMENT

_______________________________________________________________________________

_______________________________________________________________________________

PLAN

Rest Fluids Activities as Tolerated Upper GI X-Ray MRI
CT Scan Ultrasound

Specialist Referral:______________________________________________________________
Surgery:_______________________________________________________________________

Status: Cleared Not Cleared Meds- Oral:________________________________________________________________

Restrictions:______________________________________________________________
Injection:_____________________________________________________________________

Other:________________________________________________________________________

F/U:___hrs___days___wks___PRN Physician:________________________________________
Appendix VIII

Surgery Authorization

Athlete’s Name ________________________________________________

Birth Date ________________ SS # ________________________________

Procedure _____________________________________________________

Primary Insurance Company ______________________________________

Address _______________________________________________________

Phone Number _________________________________________________

Policy Holder __________________________________________________

Group #____________________ Policy # ____________________________

Secondary Insurance Company:

Athletic Training Room
San Jose State University
One Washington Square
San Jose, CA 95192-0062

* If the athlete has no insurance coverage, then the San Jose State University Department of Athletics becomes the primary insurance coverage.
* Please call Scott Shaw at (408) 924-1297 if you have any questions.

_________________________________ ________________________
Department of Athletics Representative Signature Date
Appendix IX

Emergency Procedures

1. Stabilize student-athlete and administer any appropriate emergency or life saving care (i.e. CPR)

2. Whenever possible, stay with the student-athlete and send someone else to call for emergency aid or transportation.

CALL:
   On campus using a land line: 911
   On campus using a cell phone: 924-2222
   Off campus: 911

What information to Relate:

   Identify self
   Give exact location of person needing help
   Describe the nature of the injury or illness
   Provide phone number you are calling from
   Describe what if any care is being given to the student athlete
   Always be the last to hang up

3. Contact the head athletic trainer

4. Whenever possible, send someone with the student-athlete to the hospital

5. Follow up with the student-athlete
Emergency Plan
Venue: Spartan Gym

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: SPX 65 (924-1297). All practices that are arranged during normal operating hours (M-F 9:00 – 5:00), certified athletic trainer and athletic training student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
Blue light emergency phone located outside Spartan Gym on northeast corner of 4th Street and Paseo de San Carlos. During practices when athletic training room is open, call 924-1297 for certified athletic trainer.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, spine board, crutches) maintained in athletic training room (SPX 65, 924-1297). All supplies are in the venue during competition. Campus police also have AED’s in their squad cars.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Use phone to notify certified athletic trainer if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
     • Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   • Traveling south on 4th Street, Spartan Gym is located in Yoshihiro Uchida Hall on the San Jose State University campus at the northwest corner of 4th Street and San Carlos Street. EMS will be told to come to the southwest entrance of Spartan Gym. This is the entrance to be used.
     • Open appropriate doors
     • Designate individual to “flag down” EMS and direct to the scene
     • Scene Control: Limit scene to first aid providers and move bystanders away from area
Emergency Plan

Venue: Blethen Baseball Field

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Field House (924-1470). All practices that are arranged during normal operating hours (M-F 11:30 – 6:00), certified athletic trainer and athletic training student(s) are present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
A campus emergency phone is located on the outside of the 1st base dugout. During games, a phone is also available in press box. During practices when the athletic training room is open, call 924-1470 for certified athletic trainer.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Field House, 924-1470). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   a. Contact Sports Medicine Team
      1. Contact certified athletic trainer by phone if not present
      2. Certified athletic trainer on scene will make decision to activate EMS
   b. 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
      c. Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   a. Tell EMS that you are at the San Jose State University baseball field on 10th Street just south of East Humboldt Street. The ambulance will enter the field via the gate down the right field line. Campus police will direct the emergency vehicle to the appropriate location.
   b. Open appropriate gates
   c. Designate individual to “flag down” EMS and direct to the scene
   d. Scene Control: Limit scene to first aid providers and move bystanders away from area
Emergency Plan
Venue: Spartan Stadium

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Simpkins Stadium Center 114 (924-1256). All practices that are arranged during normal operating hours (M-F 9:00 – 6:00), certified athletic trainer(s) and athletic training student(s) will be present in the athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
Phones are located in the offices inside the Simpkins Center and the Koret Center.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Simpkins Stadium Center 114, 924-1256). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408-924-2222). Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   • Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   • Spartan Stadium is on the campus of San Jose State University at the corner of 7th Street and Alma Avenue. Entrance will be on the north side of the stadium on 7th Street.
   • Open appropriate gates
   • Designate individual to “flag down” EMS and direct to the scene
   • Scene Control: Limit scene to first aid providers and move bystanders away from area
Emergency Plan
Venue: Aquatic Center

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: SPX 65 (924-1297). All practices that are arranged during normal operating hours (M-F 9:00 – 5:00), certified athletic trainer and athletic training student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
Notify lifeguard, who will use the office phone for emergency communication. During practices when athletic training room is open, call 924-1297 for certified athletic trainer.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (SPX 65, 924-1297). All supplies are at the venue for competition. Campus police also have AED’s in their squad cars.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   • Notify Campus Police (408) 924-2222

4. Directions of EMS to scene
   • Traveling north on 8th Street, the Aquatic Center is located on the corner of 8th and Paseo de San Carlos on the San Jose State University Campus. EMS will be told to enter through the gate on the southwest corner of the Aquatic Center. This is the entrance to be used.
   • Designate individual to “flag down” EMS and direct to the scene
   • Scene Control: Limit scene to first aid providers and move bystanders away from area
Venue: Event Center

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: SPX 65 (924-1297). All practices that are arranged during normal operating hours (M-F 9:00 – 5:00), certified athletic trainer and athletic training student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
During practices when athletic training room is open, there is a campus phone near the west door to the Kinesiology building to directly access the training room at ext 7516. There is also a phone located in the coaches’ office.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (SPX 65, 924-1297). All supplies are at the venue for competition. Campus police also have AED’s in their squad cars.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
     • Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   • Travelling north on 7th Street, the Event Center is located on the corner of 7th and Paseo de San Carlos on the San Jose State University Campus. EMS will be told to enter the doors on the lower level on the west side of the Event Center. This is the entrance to be used.
   • Open appropriate gates
   • Designate individual to “flag down” EMS and direct to the scene
   • Scene Control: Limit scene to first aid providers and move bystanders away from area

Emergency Plan
Venue: Football Practice Field
**Emergency Personnel:**
Sports medicine staff accessible from the athletic training facility: Simpkins Stadium Center 114 (924-1256). All practices that are arranged during normal operating hours (M-F 9:00 – 6:00), certified athletic trainer and athletic training student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

**Emergency Communication:**
Phones are located in the offices inside the Simpkins Center and the Koret Center.

**Emergency Equipment:**
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Simpkins Stadium Center 114, 924-1256). Campus police also have AED’s in their squad cars.

**Roles of First Responders**
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   - Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   - 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   - Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   - Tell EMS that you are at the San Jose State University football practice field. The field is located behind the Simpkins Center at 1240 South 7th Street. The ambulance will enter from the driveway off of 7th Street.
   - Open appropriate gates
   - Designate individual to “flag down” EMS and direct to the scene
   - Scene Control: Limit scene to first aid providers and move bystanders away from area

**Emergency Plan**

*Venue: Koret Training Center*
Emergency Personnel:
Certified athletic trainer and student athletic trainer(s) are accessible from the athletic training facility: Simpkins Stadium Center 114 (924-1256). All practices that are arranged during normal operating hours (M-F 9:00 – 6:00), certified athletic trainer and athletic training student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
Campus phones are located in the offices inside the Koret Training Center.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Simpkins Stadium Center 114, 924-1256). Campus police also have AED’s in their squad cars.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   • Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   • Tell EMS that you are at the Koret Training Center on the San Jose State University campus. The Koret Training Center is located at 1200 South 7th Street.
   • Open appropriate gates
   • Designate individual to “flag down” EMS and direct to the scene
   • Scene Control: Limit scene to first aid providers and move bystanders away from area

Emergency Plan
Venue: Softball Stadium

Emergency Personnel:
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Field House (924-1470). All practices that are arranged during normal operating hours (M-F 11:30 – 6:00), certified athletic trainer and athletic training student(s) are present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

**Emergency Communication:**
A campus emergency phone is located on the west side of the storage shed down the left field line.

**Emergency Equipment:**
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Field House, 924-1470). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   - Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   - 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. **If using a cellular phone, please notify campus police at (408) 924-2222.** Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   - Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   - Tell EMS that you are at the softball field on the San Jose State University campus. The softball field is located at the corner of Alma Avenue and Senter Road. The ambulance will enter via the gate on Alma Avenue just west of Senter Road.
   - Open appropriate gates
   - Designate individual to “flag down” EMS and direct to the scene
   - Scene Control: Limit scene to first aid providers and move bystanders away from area

**Emergency Plan**

*Venue: Tennis Courts*

**Emergency Personnel:**
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Field House (924-1470). All practices that are arranged during normal operating hours (M-F 11:30 – 6:00), certified athletic trainer and athletic training student(s) are present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

**Emergency Communication:**
A blue light emergency phone is located on the east side of the Field House.

**Emergency Equipment:**
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Field House, 924-1470). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

**Roles of First Responders**

1. **Immediate care of the injured or ill student-athlete**
2. **Emergency equipment retrieval**
3. **Activation of Emergency Medical System (EMS)**
   - **Contact Sports Medicine Team**
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   - **911 Call:** If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. **If using a cellular phone, please notify campus police at (408) 924-2222.** Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   - **Notify Campus Police** (408) 924-2222
4. **Directions of EMS to scene**
   - **Tell EMS that you are at the tennis courts on the San Jose State University Campus. The tennis courts are located behind the Field House at 460 E. Humboldt Street. Entrance to the tennis courts is through the driveway on 10th Street south of Humboldt Street.**
   - Open appropriate gates
   - Designate individual to “flag down” EMS and direct to the scene
   - Scene Control: Limit scene to first aid providers and move bystanders away from area

**Emergency Plan**

**Venue:** Soccer Practice Field

**Emergency Personnel:**
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Field House (924-1470). All practices that are arranged during normal operating hours (M-F 11:30 – 6:00), certified athletic trainer and athletic training student(s) are present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

**Emergency Communication:**
A campus emergency phone is located on the outside of the storage shed at the north end of the soccer field.

**Emergency Equipment:**
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Field House, 924-1470). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   - Contact Sports Medicine Team
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   - **911 Call:** If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. **If using a cellular phone, please notify campus police at (408) 924-2222.** Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   - **Notify Campus Police** (408) 924-2222
4. Directions of EMS to scene
   - Tell EMS that you are at the soccer practice field on the San Jose State University campus. The soccer practice field is located between 10th Street and Senter Road on Alma Avenue. The ambulance will enter the field via gate on Alma Avenue just west of Senter Road.
   - Open appropriate gates
   - Designate individual to “flag down” EMS and direct to the scene
   - Scene Control: Limit scene to first aid providers and move bystanders away from area

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**Emergency Plan**

*Venue: Municipal Stadium*

**Emergency Personnel:**
Certified athletic trainer and athletic training student(s) on site for competition; additional sports medicine staff accessible from the athletic training facility: Field House (924-1470). All practices that are arranged during normal operating hours (M-F 11:30 – 6:00), certified athletic trainer and athletic training student(s) are present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

**Emergency Communication:**
Phones are located in the clubhouses inside each dugout. A phone is in the press box during games.

**Emergency Equipment:**
Emergency supplies (AED, vacuum splint kit, crutches) maintained in athletic training room (Field House, 924-1470). All supplies are at the venue during competition. Campus police also have AED’s in their squad cars.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   - **Contact Sports Medicine Team**
     1. Contact certified athletic trainer by phone if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   - **911 Call:** From a land line or cellular phone you should call 911. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
4. **Directions of EMS to scene**
   - Municipal Stadium is located on the corner of Alma Avenue and Senter Road.
   - Open appropriate gates
   - Designate individual to “flag down” EMS and direct to the scene
   - Scene Control: Limit scene to first aid providers and move bystanders away from area

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**Emergency Plan**

**Venue: Spartan Complex**

**Emergency Personnel:**
Sports medicine staff accessible from the athletic training facility: SPX 65 (924-1297). All practices that are arranged during normal operating hours (M-F 9:00 – 5:00), certified athletic trainer and athletic training
student(s) present in athletic training room. Practices not arranged during operating hours, please contact the athletic training room so arrangements can be made.

Emergency Communication:
Blue light emergency phone located in southeast corner of hallway outside SPX 44 gymnasiums. Blue light emergency phone also located outside main exit Spartan Complex on Paseo de San Carlos. When athletic training room is open, come to SPX 65 for certified athletic trainer.

Emergency Equipment:
Emergency supplies (AED, vacuum splint kit, spine board, crutches) maintained in athletic training room (SPX 65, 924-1297). Campus police also have AED’s in their squad cars.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (EMS)
   • Contact Sports Medicine Team
     1. Use phone to notify certified athletic trainer if not present
     2. Certified athletic trainer on scene will make decision to activate EMS
   • 911 Call: If using a campus phone, campus police will automatically be notified. Please use land line phones vs. cellular phones when at all possible. If using a cellular phone, please notify campus police at (408) 924-2222. Campus police will guide ambulance into appropriate entrances. Give name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information requested.
   • Notify Campus Police (408) 924-2222
4. Directions of EMS to scene
   • Traveling north on 7th Street, EMS will want to turn west onto Paseo de San Carlos on the San Jose State University campus. Spartan Complex is located on Paseo de San Carlos, half way between 7th Street and 4th Street. EMS will be told to come to the south (main) entrance of Spartan Complex. This is the entrance to be used.
   • Open appropriate doors
   • Designate individual to “flag down” EMS and direct to the scene
   • Scene Control: Limit scene to first aid providers and move bystanders away from area

Appendix X

San Jose State University
ATHLETIC TRAINING ROOM
ONE WASHINGTON SQUARE, SAN JOSE CA 95192-0062
PHONE (408) 924-1297 -- FAX (408) 924-6285

Authorization For Use Or Disclosure of General Medical Information
California regulations allow for up to 10 days administrative processing time for medical records release and/or copy transfer. We will attempt to have your records released as requested below within 5 business days. Thank you for your consideration.

EXPLANATION TO THE PATIENT: This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et seq. of the California Civil Code.

I hereby authorize SJSU, Athletic Training Room to release information as specified below from my medical record to:

____________________________________
(Name)

____________________________________  (City)  (State)  (Zip)

who is my ____________ for the purpose of ____________________________.

(doctor, insurance agent, attorney, etc.)

THIS AUTHORIZATION IS LIMITED TO THE FOLLOWING MEDICAL INFORMATION:

Please check appropriate box(es).

- Health History and Physical Exam, date(s) ______
- X-ray Report, date(s) ______
- Entire Medical record
- Laboratory Report, date(s) ______
- Other ________________________________date(s) (specify illness, injury, etc.)

DURATION: This authorization is valid until _________________. If no date is given, consent will be valid for 90 days only.

I understand I have a right to receive a copy of this authorization upon my request.

Copy requested and received: ___________yes ___________no

REstrictions: I understand that the requestor may not further use or disclose the medical information unless authorization is obtained from me, or unless such use or disclosure is specifically required or permitted by law.

____________________________________  Student ID#  ________________  ________________  ________________
Signature of Patient  Date  Witness
Pursuant to Title XXII, California Code of Regulations Section 70751, patients records shall be preserved safely for a minimum of seven years (7) following the date of the last visit, except that the records of unemancipated minors shall be kept at least one year (1) after such minor has reached the age of eighteen years (18) and in any case not less than seven years (7).

San Jose State University, Athletic Training Room has in effect a Retention Policy to preserve records for a minimum of seven years (7) following the date of the last visit. Effective June 1995, all records with an inactive period of seven years (7) shall be destroyed.

RELEASE OF MEDICAL RECORDS RECEIVED FROM OTHER FACILITIES

Medical information received from other health care facilities is ordinarily used to some extent in the care of the patient. It is thus integrated into the medical record and becomes subject to the same provisions as those records generated within the facility. Any mandatory release of information, such as that pursuant to subpoena, must include these records, unless the Provider feels that this information should be released by the originating facility.

This is true even though such records may relate to alcohol, drug abuse, or psychiatric care. The rules regarding release of records in this category must be observed. However, if the only information in the medical record that requires special release is from another facility, it should not be released and the declaration that accompanies the records should so state.
*** These over-the-counter medications are given to you on a SHORT TERM, FIRST AID basis as a courtesy upon your request, and does not constitute medical advice. If you are ill or need medical advice, please contact your doctor or the SJSU Student Health Center.

Follow instructions and precautions as printed on the package. **YOUR SIGNATURE INDICATES YOUR ACKNOWLEDGEMENT OF THIS INFORMATION.**

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SJSU OTC MEDICATION DOCUMENTATION 2010-2011
### Appendix XII

**OTC MEDICATION INVENTORY**

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## Appendix XIII

SAN JOSE STATE UNIVERSITY PRESCRIPTION PHARMACEUTICALS DISPENSING

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## Appendix XIV

### Prescription Pharmaceuticals Inventory

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Appendix XV

Procedures Regarding Hazardous Waste Materials

I. Universal Precautions and Control

The Universal Precautions recommended by the Center for Disease Control in 1987 has been adopted in athletic health care settings. Their recommendation is that "blood and body fluid precautions be consistently used for all patients regardless of their blood-borne infection status." Under Universal Precautions, blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and other blood borne pathogens.

Any object or person that has had contact with blood, exudates, or wound secretions may be potentially infective. It is not necessary to treat all waste as infective. No environmental mode of transmission for HIV has been documented but precautions should be routinely followed. Identifying wastes for special precautions is largely a judgement made by the health care provider. Prudent precautions should be taken.

II. Athletic Medicine Wound Care Procedures

It is standard operating procedure that all staff and student interns wear gloves when evaluating and treating any type of open wound or dealing with a mucous membrane. Each athletic training room is equipped with gloves; each travel kit is stocked with gloves, and gloves are routinely kept in a pocket or field pack during competitions. Contaminated gloves, bandages, gauze, scalpels, etc are disposed of in designated hazardous waste containers. This same procedure is followed on road trips. Waste will be properly bagged (double bagged) and scalpels safely secured until the materiel is properly disposed of on campus.

All students and staff who are involved with the athletic training program are informed of and given a copy of the Infectious Waste Control Policy. The Universal Precautions and safe handling of hazardous materials will be discussed at biannual in-services. Certified athletic trainers must have an HBV vaccination or a waiver form on file. Student athletic trainers must submit proof of HBV vaccination or a waiver form before admission to the Athletic Training Education Program. If a student feels they are at risk for exposure to an infectious pathogen, they have the right to defer treatment of the athlete to a certified athletic trainer or Student Health Center personnel.

III. Collection and Disposal Procedures

Two types of containers are available in the athletic training rooms; hazardous waste bags and puncture resistant waste boxes. Each travel kit is stocked with disposable hazardous waste bags. Hazardous waste materials are not to be put into regular waste cans. Examples of waste disposed of in hazardous waste bags
may include dressings, bandages, sponges, gauze, surgical drapes, and gloves. Disposal of sharp instruments such as scalpels, needles, or syringes will be placed in puncture resistant boxes.

The staff athletic trainer is responsible for proper disposal of the hazardous waste containers. An agreement with Student Health Services has been made to ensure proper disposal. The head athletic trainer will properly bag the waste and place it in a designated collection site. These materials are in turn picked up by a hazardous waste disposal company.

IV. Environment Control Recommendations

A. Treatment Surfaces: All surfaces such as tables, cabinets, counters, exercise equipment, and whirlpools are kept clean using chemical germicides.

B. Laundry: Soiled laundry can be a source of transmission for certain organisms (common cold, flu). The risk of actual disease transmission is minimal. Soiled linen should be handled as little as possible. It may also be recommended that laundry handlers use gloves as a routine precaution. Towels soaked in blood should be disposed of in a hazardous waste bag as detailed above. Soiled laundry will be washed in hot water at least 160 degrees F, with detergent, for at least 25 minutes. Low temperature loads should be washed with suitable low-temperature detergents.

C. Game Management: During a game situation, any towels or materials used to wipe blood from the court or used on an open wound should be properly disposed of. Again, anyone handling these materials should be gloved. It is recommended that an adequate number of towels are available on the court or sidelines so that athletes do not have to share.

D. A wound care kit will be in each travel bag and on the court or field, accessible to all competing teams.

V. Universal Precautions

1. Health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other fluids is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin, and for handling items or surfaces soiled in blood or body fluids. Gloves should be changed after contact with each patient.

2. Hands should be washed after gloves are removed. Skin surfaces should be washed immediately if contaminated with blood or body fluids.

3. Health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments. Needles should not be recapped, purposely bent, or broken by hand.
Puncture-resistant containers should be located as close as practical to the use area and all sharp instruments should be placed in these containers for disposal.

4. Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, or other ventilation devices should be available in case of the need for CPR or mouth-to-mouth resuscitation.

5. Health care workers with exudative lesions or weeping dermatitis should refrain from direct patient care until the condition resolves.

6. Pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Adapted from Centers for Disease Control (2)

VI. Environmental Control / Hazardous Waste Policy – Athletic Training Facilities

A. Each athletic training room contains gloves. Gloves are to be worn each and every time a wound is treated and evaluated. This includes care given on the practice or game fields.

B. Each athletic training room contains containers for hazardous waste disposal. Red hazardous waste bags are for gloves, gauze, dressings, towels, human tissue, or any other material that has been exposed to blood, exudates, or bodily secretions. Each athletic training room is equipped with red Sharps collection boxes. These are for disposal of any sharp object such as scalpels, needles, lances, and syringes. Be sure to use disposable scalpels whenever possible.

Hazardous waste bags should be sealed and given to a certified athletic trainer for disposal. Never put hazardous waste in the regular trash bins or leave hazardous waste where they can be accidentally picked up by the custodians. Red Sharps collectors will be sealed and disposed of as necessary by the head athletic trainer.

C. Tables and counter tops will be cleaned and disinfected daily or immediately after wound care. Whirlpools are never to be used when there is an open wound. Whirlpools are to be cleaned and disinfected daily.

Any non-disposable instruments used in wound care should be disinfected with a bleach and water solution of 1:10.

D. The head athletic trainer is responsible for the removal of hazardous waste bags and Sharps containers and transportation to the designated collection site.
Game Management

A. Any student-athlete that is bleeding during a game from an open wound, nose, or mouth, must be removed from the game at the earliest possible time. The student-athlete will remain out until the wound is dressed or the bleeding subsides. This game policy should be followed in practice and scrimmage situations.

B. The athletic training staff will attend to the wound or bleeding according to established procedure. Anyone not wearing gloves should not be involved in the care of a bleeding injury. All materials and supplies used in the procedure will be placed in a hazardous waste bag provided by the athletic trainer. If a towel is used to wipe up blood from the court or off the student-athlete’s uniform, it must be disposed of properly. If only a small amount of blood is on the towel, it will be placed in a hazardous waste bag and laundered. If the towel is saturated with blood, it will be placed in a hazardous waste bag and disposed of according to policy by the certified athletic trainer.

C. If the student-athlete has blood on his or her uniform, the student-athlete must be removed from the game at the earliest possible time. If only a small amount of blood is on the uniform, the spot will be treated with a bleach dilution and the student-athlete can return to the game. If a large amount of blood is on the uniform, the uniform must be changed before the student-athlete can return to the game. The team manager will be responsible for making sure at least 2 extra uniforms are courtside for home and away games. If a uniform must be changed, the bloodied uniform will be placed in a hazardous waste bag and then laundered according to policy.

D. Playing surfaces and equipment should be wiped up by a gloved individual with disposable toweling. Any surface or equipment contaminated with blood should be disinfected with bleach dilution.
Appendix XVI

Athletic Training Room Rules

1. The athletic training room is a health care facility and should be treated as such.
2. No one is to be in the athletic training room without supervision.
3. The in-season sports will have priority in utilizing all services of the athletic training room and staff.
4. The athletic training room is not a self-help clinic. Treatments will be initiated or administered by certified or student athletic trainers.
5. Extensive treatments or rehabilitation programs should be scheduled in the morning hours whenever possible.
6. Student-athletes are not to help themselves to supplies, they must ask first.
7. Equipment and supplies are not given to staff or faculty personnel without a certified athletic trainer’s permission.
8. Athletic training room or office supplies are not for personal use.
9. The office telephone is for business use only, the use of the phone by student-athletes, for personal business, is an NCAA violation.
10. The athletic training room will run efficiently only if the student-athletes are controlled at all times.

The following rules are to be enforced:

a. no horseplay, lounging, swearing, or shouting
b. no cleats or spikes
c. no eating, drinking, or tobacco products of any type
d. shower prior to receiving treatment
e. no equipment or uniforms in the training room, use the locker room
f. do not remove any towels
## Appendix XVII

### Sports Medicine Phone Numbers

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Title</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td><strong>Director of Sports Medicine</strong></td>
<td>Scott Shaw MA, ATC</td>
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<td></td>
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<tr>
<td>Office</td>
<td>(408) 924-1297</td>
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<tr>
<td>Cell</td>
<td>(408) 506-3858</td>
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<tr>
<td><strong>Team Physician</strong></td>
<td>Dr. Michael Heneghan</td>
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<tr>
<td>Office</td>
<td>(408) 995-5453</td>
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<tr>
<td>Cell</td>
<td>(650) 387-5639</td>
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<tr>
<td><strong>Assistant Athletic Trainer</strong></td>
<td>Shawna Bryant M. Ed., ATC</td>
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<tr>
<td>Office</td>
<td>(408) 924-1263</td>
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<tr>
<td>Cell</td>
<td>(650) 303-0118</td>
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<tr>
<td><strong>Team Physician</strong></td>
<td>Dr. Robert Nishime</td>
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<td>Office</td>
<td>(408) 293-5864</td>
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<td>Cell</td>
<td>(408) 206-7233</td>
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<tr>
<td><strong>Assistant Athletic Trainer</strong></td>
<td>Hisashi Imura ATC</td>
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<td>Office</td>
<td>(408) 924-1256</td>
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<td>Cell</td>
<td>(415) 531-0332</td>
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<td><strong>Team Physician</strong></td>
<td>Dr. Danielle Bass</td>
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<td><strong>Assistant Athletic Trainer</strong></td>
<td>Paul-Wayne Mahlow MA, ATC</td>
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<td>Office</td>
<td>(408) 924-1470</td>
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<td>(408) 821-7032</td>
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<td><strong>Team Orthopedist</strong></td>
<td>Dr. Daniel Haber</td>
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<td>Office</td>
<td>(408) 374-5700</td>
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<td>(408) 390-5250</td>
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<td><strong>Graduate Assistant Athletic Trainer</strong></td>
<td>Jaclyn Alongi ATC</td>
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<td>Office</td>
<td>(408) 924-1263</td>
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<td>(408) 712-6499</td>
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<td><strong>Graduate Assistant Athletic Trainer</strong></td>
<td>Jonathan (Asher) Falatic</td>
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<td>Dr. John Costouros</td>
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<td>Office</td>
<td>(408) 972-6326</td>
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<td>(415) 990-2189</td>
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<td><strong>Graduate Assistant Athletic Trainer</strong></td>
<td>Daryl Finch ATC</td>
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<td>Dr. Anthony Abene</td>
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<td>Office</td>
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<td>(408) 656-1407</td>
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<td><strong>Graduate Assistant Athletic Trainer</strong></td>
<td>Andrew Peters ATC</td>
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<td>Cell</td>
<td>(707) 330-5228</td>
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<td><strong>Team Chiropractor</strong></td>
<td>Dr. Andre Chevalier</td>
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<tr>
<td>Office</td>
<td>(408) 241-8326</td>
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<td>Cell</td>
<td>(408) 718-4300</td>
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<td><strong>Student Health Center</strong></td>
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<td>(408) 924-6120</td>
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<td><strong>Team Dentist</strong></td>
<td>Dr. Mark Stepovich</td>
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<td>(408) 924-6122</td>
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<td><strong>Local Hospitals</strong></td>
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<td><strong>O’Connor Hospital</strong></td>
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<td>(408) 947-2500</td>
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<tr>
<td><strong>Kaiser Permanente San Jose</strong></td>
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<tr>
<td>(408) 972-3000</td>
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</tbody>
</table>
2405 Forest Ave.
San Jose, CA 95128
(Team Physicians have privileges)

Santa Clara Valley Medical Center
(408) 885-8000
751 South Bascom Avenue
San Jose, CA 95128

250 Hospital Parkway
San Jose, CA 95119
Orthopedists located at this facility

Kaiser Permanente Santa Clara
(408) 851-1000
700 Lawrence Expressway
Santa Clara, CA 95051