

JCCC Athletics Insurance Coverage and Health Questionnaire

Dear Future JCCC Athlete and Parent,

On behalf of the JCCC sports medicine staff and team physicians, welcome and congratulations. You have made an excellent choice in deciding to come to school and play sports at JCCC!

As your sports medicine team, it is our only aim to help you to keep yourself healthy and in playing condition. In order to help us do just that, we would like to pass on some important information, and then ask a few simple questions about your athletic health. We will then go over the information that you provide for us, and design an individualized plan to help maintain or improve your athletic health.

Sincerely yours,

Bill Buese, ATC
Head Athletic Trainer

Athlete and Parent/Guardian, Please Read Carefully the Following Insurance Coverage Information and then Initial Below

Athlete's name (PRINT) _____
Your Cell number, or home phone _____

Your sport _____
Email address _____

JCCC provides insurance to cover doctor's visits and any resulting treatments, diagnostic procedures or surgeries that result from direct participation in JCCC athletics. "Direct Participation" in JCCC athletics" means:

- A practice, game or conditioning session held under the following conditions:
 - a. The athlete is participating on campus or elsewhere **while under the direct supervision** of a JCCC coach or other JCCC athletics personnel.
 - b. **Between the 1st of August and the 31st of May**, or if the athlete is participating in playoffs during the spring, the last official date of competition at the NJCAA national championships for your sport. (Baseball, Softball, Tennis, Golf, Track and Field).
- The JCCC athletics insurance coverage is known as "secondary" coverage because it will pay the doctors only after your own health insurance has paid its share.
- If you find yourself without your own health insurance coverage, the JCCC insurance will become the "primary" coverage for an injury that happens while you are playing, practicing or training for JCCC.
- No illnesses shall be covered EXCEPT for conditions that develop as a direct result of vigorous physical activity.
- When requested by the JCCC certified athletic training staff, the director of athletics, or the college risk manager, the JCCC team physician or his designated medical consultant(s) shall make the final determination as to whether the condition in question was caused by participation in athletics.

In order for the JCCC insurance to participate, the athlete or his/her parent or guardian—or the medical providers, must provide the following to JCCC's insurance carrier:

Summit America 7400 College Blvd., Suite 100
Overland Park, KS 66210 c/o Ken Karnes
913-327-0200 ext. 107.

1. ITEMIZED billing statements.
2. The primary insurance carrier's Explanation of Benefits (EOB) relating to **that specific bill**. ("EOB" is the statement provided to the insurance enrollee by the primary insurance policy). Without these two documents in hand, the JCCC athletics insurance CANNOT PAY.

Please initial to indicate that you have carefully read and understand the above explanation of the requirements for JCCC athletics insurance coverage. Parent/Guardian _____ Athlete _____

Please call 913-469-8500 ext. 3401 or ext. 4626 if you would like clarification on the above information.

Athlete's name (PRINT) _____ Your sport is _____

Dear athlete and parent—

As you would expect, college athletics are generally more difficult than high school athletics. There are at least twice as many games on the schedule as in high school. There are harder and sometimes longer practices, and more intense conditioning.

Sometimes under the stress of an intense college athletics program, minor aches and pains that were only bothersome in high school can develop into serious and sometimes disabling problems for a college athlete. That is why it is extremely important that you answer the following eight questions as completely and honestly as you possibly can.

1. During junior high or high school, did you experience any discomfort lasting more than a few days in one or more joints or muscles of your body? Yes___ No___ Was there swelling? Yes___ No___ Did you see a doctor? Yes___ No___ Athletic trainer or physical therapist? Yes___ No___ .

If yes, check each one of the following that applies. Hand___ Wrist___ Elbow___ Shoulder___ Foot___ Ankle___ Knee___ Hip___ Low back___ Upper back___ Neck___ A pulled or strained Hamstring___ Quad___ Calf___ Biceps___ Triceps___ Deltoid___ Rotator cuff___ **Right or Left?**

With any of this discomfort, did you have to take time off or miss practices or games? Yes___ No___ . How many days? _____

If you remember, please write down what the doctor or other practitioner told you was the cause of your discomfort: _____

2. During junior high or high school, did you experience any discomfort that came and went, but basically remained at the same spot every time? Yes___ No___ Was there swelling? Yes___ No___ Did you see a doctor? ___ Yes___ No___ Athletic trainer or physical therapist? Yes___ No___

If yes, check each one of the following that applies. Hand___ Wrist___ Elbow___ Shoulder___ Foot___ Ankle___ Knee___ Hip___ Low back___ Upper back___ Neck___ A pulled or strained Hamstring___ Quad___ Calf___ Biceps___ Triceps___ Deltoid___ Rotator cuff___ **Right or Left?**

With any of this discomfort, did you have to take time off or miss practices or games? Yes___ No___ . How many days? _____

If you remember, please write down what the doctor or other practitioner told you was the cause of your discomfort: _____

3. Have you ever been **knocked out cold**? Yes___ No___ If yes, how long ago? _____ How long did you need to stay out of practices and games? _____ Did you see a doctor or go to the emergency room? Yes___ No___
4. Have you ever been hit in the head but NOT knocked out cold, yet still felt dizzy, disoriented or had trouble remembering or thinking clearly? Yes ___ No ___ Had a headache and maybe an upset stomach? Yes___ No___ If yes, how long ago? _____ How long did you need to stay out of practices and games? _____ Did you see a doctor or go to the emergency room? Yes___ No___
5. Have you ever become sick while exercising in the heat? Yes___ No___ . If yes, how long ago _____ . Did you see a doctor or go to the emergency room? Yes___ No___ .
6. While working out, have you ever experienced a dizzy spell, chest pain or of shortness of breath which took a while to go away? Yes___ No___ If yes, how long ago? _____ Did you see a doctor or go to the emergency room? Yes___ No___
7. Have you ever been told by a doctor , that you have a heart murmur? Yes___ No___ . Did you see a specialist (cardiologist) for it? Yes ___ No _____ .
8. If you have had a surgery performed during the past 18 months, have you been FULLY CLEARED by your surgeon to participate in competitive athletics? Yes___ No___ The surgery was to repair _____ .

For all "Yes" answers above, please provide the Name of the Doctor or other medical person that you saw for each specific condition.

Answer number _____ Doctor _____ Their Office phone _____
Answer number _____ Doctor _____ Their Office phone _____
Answer number _____ Doctor _____ Their Office phone _____

By signing below, I certify that I have read and completed the above questionnaire as completely and honestly as I can.

Signature of Athlete _____ **Date** _____

Signature of parent of guardian if athlete is younger than 18 years _____ **Date** _____

If the athlete is under 18 years of age, the parent or guardian must sign below to authorize the release of the following information to the JCCC athletic trainers, team physicians and coaches. Otherwise, the student athlete shall sign below.

I (Print) _____ **hereby grant permission for the release/exchange of medical information, written, verbal or electronic, as it directly effects my performance as an athlete to:**

- **JCCC athletic trainers, team physicians and coaches, and involved insurance companies.**
- **The athlete's personal physicians, athletic trainers, other medical support persons, and coaches while in high school or before.**
- **The permission to release/exchange this information to JCCC certified athletic trainers, team physicians, other support persons and coaches, involved insurance companies, and The athlete's personal physicians, athletic trainers, other medical support persons, and coaches while in high school or before, shall extend no later than 36 months following the completion date of this document, allowing for a two-year stint at JCCC, and any follow up that may be required.**

Signature of athlete _____ **date** _____

Signature of parent or guardian if athlete is younger than 18 years _____ **date** _____