



To the New and Transfer Student-Athlete and Parents,

Welcome to Utica College Athletics! With this you should find a blue **Athletic Medical History Questionnaire** and **Release and Waiver Form**. The questionnaire should be filled out completely providing dates and details when necessary. Please sign the release and waiver and sign where appropriate. Also, please provide a photocopy of the front and back of your current medical **Insurance card** on a full sheet of paper. This will remain your primary coverage. If you are submitting two insurance cards (i.e. coverage through each parent) please specify which should be used first. I recommend all students be issued their own insurance card by your primary carrier and carry that with them to UC.

All full-time students are billed for primary health insurance through College Blue. You may use this as your primary insurance, use your insurance from home, or both. If you choose to use your insurance from home, you may waive the College Blue on-line at www.haylor.com/student and click on the Utica College icon. If you expect to use College Blue as primary coverage, you need to enroll at the same site, www.haylor.com/student clicking on the UC icon. Once you have enrolled, you will receive a card in the mail within five to seven days. **You must complete one or the other, either enroll or waive.** Questions on this may be directed to the Utica College Business office or to Haylor, Freyer, and Coon direct at 1-800-289-1501, ask for a college specialist.

You should contact your insurer to determine if there are exclusions regarding athletically-related injuries. It is important you notify me of insurance changes throughout the year. Those students with insurance from outside the area, especially those with HMO coverage, should consider purchasing school insurance or should consult their insurance company to see if they offer a **student rider program**. Your insurance company's rider program would likely involve some paperwork but typically allows the student-athlete quicker access to medical attention locally without unnecessary Emergency Room visits or lengthy rides home for a referral from the Primary Care Physician.

The Utica College Athletic department provides secondary coverage in the form of accident insurance at no cost, which is designed to assist in insuring those student-athletes who become injured while involved in their sport. Once such an injury has been reported and documented in the Athletic Training Room, the involved student-athlete would meet with our Athletic insurance liaison to complete a claim form. At that point, bills already processed by the primary insurance carrier may be forwarded to Athletics for consideration; this includes co-pays and deductibles. Coverage by this secondary carrier is contingent on having followed proper procedures with your primary carrier as well as other restrictions. The college assumes no responsibility for expenses incurred while not covered by a primary carrier, uninsured expenses, or expenses incurred while not following procedures (i.e. obtaining referrals) with the primary carrier.

As a reminder you should have already received a **Health Form** from the Student Health Center with your admissions packet. This requests a medical history, immunizations, and a recent physical exam no more than six months old (completed since April 1st). Physicals exams will not

be provided for student-athletes on campus. Please fill out completely and be sure this form is returned directly to the Health Center (315) 792-3094 office; 315-792-3700 fax. Replacement copies and other information are available at: <http://www.utica.edu/student/health>.

If you are currently under the care of a physician, physical therapist, chiropractor, etc. for an injury and/or illness, please have that health care personnel provide documentation as to the status of your injury/illness. If you are undergoing physical therapy you should plan to transfer that care to a local PT provider. If any rehabilitation or special bracing is required, that information should also be provided. This information helps us understand your needs.

Please return the completed Athletic Medical History Questionnaire, Release and Waiver from, and **Insurance card** to the address below by the first Monday in August. **All student-athletes should have insurance information on file with Athletic Training Room prior to the start of school.** Your eligibility to play is dependent on completion of Athletic **and** Health Center paperwork as well as proof of insurance. Failure to maintain your own insurance coverage and update the Athletic Training Staff with any changes in that coverage throughout the year may result in removal from sport. The below checklist is for your convenience and does not need to be mailed in:

CHECKLIST:

- _____ Health Form (mail back to Student Health Center)
- _____ Athletic Medical History Questionnaire (mail back to Athletics)
- _____ Release/waiver Form (mail back to Athletics)
- _____ **Photocopy** (front and back) of insurance card (mail back to Athletics)
- _____ Pertinent information relating to care you're currently receiving

*All medical information is strictly confidential and will be used as an aid in providing health care while you are a student at Utica College. Your knowledge and consent will be required for release of these medical records.

Please feel free to contact me with questions regarding any of this paperwork or if you have updates or changes.

Regards,
Mr. Dan Sheffer
Head Athletic Trainer
1600 Burrstone Road
Utica, NY 13502
e-mail: dsheffer@utica.edu
phone (315) 792-5298
fax (315) 223-2403

* Workstudy positions are available for those eligible students with Athletic Training classroom and/or practical experience. Inquire within.

See the Utica College website for replacement forms at <http://www.utica.edu/ucpioneers/forms/index.cfm>