

Returning Participants

Welcome back to the Sport Clubs Program at California State University, Northridge. In order to attain medical clearance for the new season and to have access to the health services offered by the Sport Clubs Athletic Training Center returning participants are required complete the attached returning participant paperwork. The completed forms need to be submitted to the Sport Clubs Athletic Training Center along with a copy of ID. In addition, participants must reactivate their Do Sports Easy account for their designated sport. Please pay attention to submission deadlines. If you have any questions regarding our services or participant requirements, feel free to call the Sport Clubs Athletic Training Center at (818) 677-7008 or contact via email at asathletictraining@csun.edu.

If you sustained a concussion during the previous year you will need to have your concussion baseline retested prior to participation.

Medical Status Questionnaire

Last Name: _____ First Name: _____
 Birth Date: ____/____/____ CSUN ID #: _____ Gender: _____
 Cell Phone: (____) _____ - _____ Email: _____@my.csun.edu
 Club: _____ Age: _____

In the past year... Please explain all yes responses

- | | | |
|---|------------------------------|-----------------------------|
| Have you taken any prescription medicine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you taken any non-prescription medicine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you taken any supplements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you used alcohol? If yes, how much & how often. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you used tobacco? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you used any other recreational drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you used any performance-enhancing drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you developed any new allergies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you fainted, got knocked out, or lost consciousness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had problems with frequent headaches? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had problems with concentration, mood changes, or depression? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had any problems with your hearing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had any problems with your teeth, tonsils, or mouth? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had any problems with stomach pain, constipation, or diarrhea? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had any problems with chest pain or breathing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been concerned that your diet is lacking in balance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been concerned about your weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been diagnosed for any major diseases or illnesses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Last season did you miss practice(s) because of an injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Last season did you miss a game, meet, or match because of an injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

For Women Only:

- ❖ Have you been concerned about irregular or missed menstrual periods? Yes No

- ❖ How many menstrual periods did you miss this past year? Yes No

- ❖ When was your last PAP Smear? Yes No

Did you have surgery during last season or during the offseason? If so, please describe. Yes No

Did you sustain any sport injuries since the end of your season? If so, please describe. Yes No

Did you see a physician for any reason in the off season? If so, please describe. Yes No

If you have any additional conditions, problems, or comments that were not addressed in the above questionnaire, please use the space below to inform us so that we may be able to serve you with our best medical care.

By signing below, I certify that all answers provided on the Medical Status Questionnaire are true and I have completed the form to the best of my knowledge. I have no abnormalities, limitations, or restrictions not mentioned in this record. I understand that this information is to help determine my fitness to participate in Sport Clubs at California State University, Northridge and to aid in the treatment and evaluation/diagnosis of future injuries/illnesses that I may develop.

Participants Signature

Date

Signature of Participants Parent / Guardian (if under 18 years of age)

Date

Athletic Trainer Signature (Reviewer)

Date

Concussion Fact Sheet

What is a Concussion?

A concussion is a brain injury that:

- ❖ Is caused by a blow to the head or body from contact with another player, hitting a hard surface such as the ground, ice, or floor, or being hit by a piece of equipment such as a bat, hockey stick, or ball.
- ❖ Can change the way your brain normally works.
- ❖ Can range from mild to severe.
- ❖ Presents itself differently for each athlete.
- ❖ Can occur during practice or competition in ANY sport.
- ❖ Can happen even if you do not lose consciousness.

How Can I Prevent a Concussion?

Basic steps you can take to protect yourself from concussion:

- ❖ Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- ❖ Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head can all cause concussion.
- ❖ Follow your athletics department's rules for safety and the rules of the sport.
- ❖ Practice good sportsmanship at all times.
- ❖ Practice and perfect the skills of the sport.
- ❖ Avoid hitting from behind.

What are the Symptoms of a Concussion?

You can't see a concussion, but you might notice some symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- ❖ Amnesia
- ❖ Confusion
- ❖ Headache
- ❖ Loss of consciousness
- ❖ Double or blurry vision
- ❖ Balance problems or dizziness
- ❖ Sensitivity to light or noise
- ❖ Nausea (Feeling that you might vomit)
- ❖ Feeling sluggish, foggy, or groggy
- ❖ Feeling unusually irritable
- ❖ Slowed reaction time
- ❖ Concentration or memory problems
(Forgetting game plays, facts, meeting times)

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms to appear or get worse.

What Should I Do If I Think I Have a Concussion?

- ❖ **Don't hide it.** Tell your athletic trainer and coach immediately. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.
- ❖ **Report it.** Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.
- ❖ **Get checked out.** Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.
- ❖ **Take time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

Second Impact Syndrome

This occurs when an individual sustains a second, often minor, blow to the head before the initial symptoms of a concussion are resolved. The resulting loss of auto regulation of the brain's blood supply could result in vascular enlargement and herniation of the lower brain, resulting in death. There is approximately a 50% mortality rate associated with second impact syndrome.

Concussion Statement of Agreement

I have read and understand the materials that have been provided to me by the Sport Club Athletic Training Department. I understand that it is my responsibility to report any signs and symptoms of a concussion I may have honestly and in a timely manner to a certified athletic trainer without fear of repercussions.

Participants Name (Print)

Club

Participants Signature

Date

Signature of Sport Clubs Appointed Witness or Athletic Trainer

Date

Consent to Treat

I understand that I am involved in athletic activities that could lead to injuries and the need for medical attention. I give permission for the Athletic Training Staff to administer medical treatment to me, including emergency medical care such as CPR. I understand that the Athletic Training Staff will perform only procedures that are within their training. I understand that it is my responsibility to inform the Athletic Training Staff of any injury, illness, increase in pain, medication or abnormal responses to treatment and/or rehabilitation and that it is my responsibility to be present for all treatment and rehabilitation sessions in order to best treat an injury. I understand that it is my right to seek an evaluation from California State University, Northridge physicians. I understand it is also my right to seek an evaluation and/or rehabilitation services from physicians outside CSUN provided I inform the Athletic Training Staff in writing in advance.

Participants Name (Print)

Club

Participants Signature

Date

Signature of Sport Clubs Appointed Witness or Athletic Trainer

Date

If Participant is Under 18 Years of Age

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Name of Minor Participant's Parent/Guardian (Print)

Signature of Minor Participant's Parent/Guardian

Date