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Department of Intercollegiate Athletics

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<th>Cell</th>
<th>E-mail</th>
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<tbody>
<tr>
<td>Steve Alcorn</td>
<td>Softball</td>
<td>442-2277</td>
<td>717-991-1532</td>
<td><a href="mailto:salcorn@umobile.edu">salcorn@umobile.edu</a></td>
</tr>
<tr>
<td>Darnell Archey</td>
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<td>317-201-2917</td>
<td><a href="mailto:darchey@umobile.edu">darchey@umobile.edu</a></td>
</tr>
<tr>
<td>Sam Blackburn</td>
<td>Men’s Soccer</td>
<td>442-2363</td>
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<td><a href="mailto:sblackburn@umobile.edu">sblackburn@umobile.edu</a></td>
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<tr>
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<tr>
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<tr>
<td>Alison Cook</td>
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<td>251-680-6301</td>
<td><a href="mailto:acook@umobile.edu">acook@umobile.edu</a></td>
</tr>
<tr>
<td>Meagan Hall</td>
<td>XC/T&amp;F</td>
<td>442-2359</td>
<td>205-451-9133</td>
<td></td>
</tr>
<tr>
<td>David Haney</td>
<td>Sports Information</td>
<td>442-2264</td>
<td>251-455-3920</td>
<td><a href="mailto:dhaney@umobile.edu">dhaney@umobile.edu</a></td>
</tr>
<tr>
<td>Jacob Henderlight</td>
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<td>513-252-4562</td>
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<tr>
<td>T J Jackson</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>Rome McKee</td>
<td>Women’s Basketball</td>
<td>442-2260</td>
<td>769-274-9747</td>
<td></td>
</tr>
<tr>
<td>Anna Morris</td>
<td>Athletic Training</td>
<td>442-2361</td>
<td></td>
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</tr>
<tr>
<td>Brian Person</td>
<td>Women’s Soccer</td>
<td>442-2397</td>
<td>251-533-1149</td>
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<tr>
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</tr>
<tr>
<td>Austin Sang</td>
<td>Strength &amp; Conditioning</td>
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<td></td>
</tr>
<tr>
<td>Robyn See</td>
<td>Athletic Training</td>
<td>442-2361</td>
<td></td>
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</tr>
<tr>
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<td>251-978-5303</td>
<td><a href="mailto:sshouppe@umobile.edu">sshouppe@umobile.edu</a></td>
</tr>
<tr>
<td>Adrianna Smith</td>
<td>Cheer</td>
<td>442-2595</td>
<td>251-581-5537</td>
<td></td>
</tr>
<tr>
<td>Erika Stuckman</td>
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<td>352-213-3164</td>
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Mission Statement

The mission of the intercollegiate athletic program is to provide programs of distinction, thereby affording students an opportunity to receive a quality Christian education and to compete in athletics at the intercollegiate level.

NAIA and Conference Affiliation

UM competes at the Division I level of the National Association of Intercollegiate Athletics (NAIA), and is a member of the Southern States Athletic Conference. There are 12 members of the SSAC:

- Bethel University
- Blue Mountain College
- Brewton-Parker College
- Dalton State College
- Faulkner University
- Florida College
- Loyola University
- Martin Methodist College
- Middle Georgia State College
- Stillman College
- University of Mobile
- William Carey University
- Affiliate Member: Point University

Affiliate Member: Point University

Basic NAIA Eligibility Rules

1. Entering freshmen must meet two of the three following criteria:
   a.) Achieve a minimum of 18 on the Enhanced ACT or an 860 on the SAT.
   b.) Have had a minimum of a 2.0 high school grade point average.
   c.) Have graduated in the top half of his/her high school graduating class.

2. Each athlete must register for at least 12 hours for the Fall and Spring semesters.

3. **IMPORTANT:** Dropping below 12 hours will render you ineligible. You must obtain your coach’s and the FAR signature. If the FAR is not available the AD can sign.

4. All student-athletes must have passed 24 hours in the previous two semesters in order to be eligible. Up to 12 hours earned during the summer may be applied to the 24-hour rule.
5. Upon reaching your junior academic standing, you must have at least a 2.0 GPA.

6. To play a third season, you must have earned 48 hours; to play a fourth season, 72 hours.

7. Repeat Courses: There are special rules, depending on the grade earned in the previous course, as to whether or not it can be counted towards the 24-hour rule. Check with your coach for clarification.

**Code of Conduct**

Each student-athlete associated with the intercollegiate athletics program is expected to represent UM in an honorable and respectful manner at all times. Student-athletes are highly visible University representatives to the student body and the community.

UM student-athletes are expected to adhere to the **Student-Athlete Pledge** as set forth by the NAIA "Champions of Character" program. The Pledge is located at the back of this Handbook and you are expected to sign and return the Pledge to the athletic department.

While participating in the athletic program, student-athletes are expected to accept the following responsibilities:

**Academics:**
- Attend classes regularly and complete all academic assignments.
- Maintain academic eligibility as defined by the NAIA.
- Be honest and truthful in all academic work, contacts with faculty/staff and interactions with fellow students.

**Athletic Competition:**
You are expected to conduct yourself in competition in a respectful and sportsmanlike manner. Unacceptable behavior includes, but is not limited to:
- Taunting opponents, coaches or fans.
- Abusing officials, either physically or verbally.
- Using profanity in practices or games.
- Fighting with an opponent, before, during or after a competition.
- Throwing objects in an attempt to cause harm or express anger.
- Making derogatory statements to the media directed at fellow athletes, coaches or UM.

**General Conduct:**
- Abide by the rules and regulations of the University of Mobile.
- Refrain from consuming alcoholic beverages or illegal drugs. Student-athletes are randomly tested for these substances (see policy that follows this section.)
● Refrain from participating in any gambling activity that involves intercollegiate or professional athletics.

Specific Team Rules:
Coaches may have team rules that may be more stringent than the athletic department's rules and may cover areas not cited above or in the UM Student Handbook.

Community Standards
Any student who commits, aids or attempts to commit any of the following acts of misconduct may face disciplinary action through the University’s judicial system.

COMMUNITY STANDARD: INTEGRITY
● Cheating, plagiarism, or other forms of academic dishonesty.
● Tampering with the election of any University recognized student organization.
● Students living off campus who do not meet the off-campus eligibility requirements.
● Illegal downloads: movies, music, software, etc.
● Theft.
● Violation of federal, state, or local law on University premises or at a University sponsored or supervised activity.
● Forgery, alteration, or the unauthorized possession or use of University documents, records or instruments of identification.
● Students are expected to be neatly, modestly, and appropriately dressed at all times. Clothing with obscene pictures or messages and clothing with advertisements for products not in keeping with the University’s philosophy are not appropriate. Shirts and shoes are required in all University buildings and at all University sponsored or approved functions. Responsibility for dress is placed upon each student. Faculty and staff members may determine whether a given mode of dress disrupts the learning environment.
● Unauthorized and/or inappropriate use of computers is prohibited. Such use includes, but is not limited to, damaging or altering records or programs; furnishing false information; invading the privacy of another user by using files, programs, or data without permission; engaging in disruptive and annoying behavior; and any unauthorized use of computer hardware, software, accounts, passwords, or keywords.
● It is considered a misuse of computers to view, obtain, or send pornographic material.
● Any incident that, in the judgment of the University administration, reflects negatively on the image of the University will be considered a violation of community standards.

COMMUNITY STANDARD: RESPECT
● Conduct which is disorderly, lewd, or indecent; breach of peace; or aiding, abetting, or procuring another person to breach the peace on University premises or at functions sponsored by, or participated in by, the University of Mobile.
● Posting and/or submitting personal information or photographic images of yourself or others for display on the internet that may be considered contrary to the philosophy of the University of Mobile.
● Harassment: The intentional infringement upon the rights of any member of the community, including the persistent interruption of a reasonable level of peace and quiet.

COMMUNITY STANDARD: STEWARDSHIP
● Damage to or littering on public grounds.
● The unauthorized use or the abuse, destruction, or theft of property of the University or any of its members, guests, or neighbors. This regulation includes the unauthorized appropriation or “borrowing” of common property for personal use. It also includes unauthorized use, abuse, destruction, or theft or property in University care of custody.
● Sexual misconduct includes but is not limited to sexual abuse, sexual assault (see student care section of this handbook for more information) or harassment, incest, adultery, rape, fornication, the possession of pornographic material, sex outside of a heterosexual marriage which includes premarital sex or homosexual acts. The promotion, advocacy or on-going practice of a gay, lesbian, bisexual, or transgender lifestyle (including same-sex dating behaviors) or public advocacy of sex outside of marriage. Please see the Sexual Stewardship section of this handbook for more information.

COMMUNITY STANDARD: SAFETY AND SECURITY
● Use, possession, distribution, being under the influence or in the presence of alcoholic beverages on campus or at a University sponsored/sanctioned event or evidence of underage drinking on or off campus.
● Knowingly furnishing false information to a University officer or member of any hearing board acting in performance of their duties, or the failure to provide University personnel with adequate identification upon request.
● Failure to comply with directions of a University official or law enforcement officers.
● Hazing, defined as an act which endangers the mental or physical health or safety of a student, or which destroys or removes public or private property, for the purpose of initiation, admission into, affiliation with, or as a condition for continued membership in, a group or organization.
● Operating a vehicle in violation of traffic rules or as to endanger people or property.
● Ejecting any objects from the windows, roofs, or balconies of University buildings.
● Climbing on top of the roofs of buildings or in other unauthorized areas.
● Unintentional discharge or misuse of personal defense devices. The owner is responsible for maintaining control and assuring proper usage of these devices.
● Physical abuse, verbal abuse, threats, intimidation, coercion and/or other conduct which threatens or endangers the health, safety, or security of any person.
● Illegal or unauthorized possession or use of firearms, fireworks, explosives, knives, razors, metal knuckles, hatchets, foils, stun guns, Tasers, blackjacks, numchucks, bows and arrows, other weapons, or dangerous chemicals on University premises. Firearms are defined as: any gun, rifle, pistol, handgun designed to fire bullets, BBs, pellets, or any other propellant.
● Use, possession or distribution of narcotics or controlled substances except as expressly permitted by law. (Also see drug and alcohol policy in this handbook)
● Tampering with fire extinguishers, fire alarm boxes, or smoke or heat detectors anywhere on University property or making a false report concerning a fire, bomb, or other emergency.
● Firearms are strictly prohibited on University premises. This includes, but is not limited to: paintball guns, air soft guns, BB/pellet guns, cross bows, compound bows and any other projectile launching device deemed dangerous by University officials.

Student-Athlete Grievance Procedure
The following procedures have been established to help guide a student-athlete through a potential grievance (with a staff member of the Athletic Department) and hopefully settle the matter in a professional manner:

1. The student-athlete should meet with the staff member with whom he/she has a grievance.
2. If the grievance is not resolved to the satisfaction of the student-athlete, the student-athlete should write a statement in full detail about the grievance and submit that statement to the Athletic Director. The Athletic Director's office will then set up an appointment between the student-athlete and the AD.
3. After the first meeting between the student-athlete and the AD, a second meeting may be called to include the person against whom the grievance has been filed.
4. If the grievance is still not resolved to the satisfaction of the student-athlete, he/she may submit a written appeal to the President.

**Missing Classes Due to Competition**

Student-athletes are expected to inform instructors as to when they will miss classes due to competition. This must be done in advance of a contest. If a contest is rescheduled due to a rain-out or if a team is playing in post-season, student-athletes are expected to also communicate this information to instructors.

If final exams need to be taken early or rescheduled, a "Request for Change in Examination Schedule" form will be distributed by the coach to his/her athletes. The student-athlete must take the form to each instructor for signature and then return the form to the Vice President of Academics, who gives final approval to requests.

**Suspension or Termination of Aid:**

All athletic scholarship money can be revoked per University of Mobile policy if any of the following conditions occur. No credit will be issued for unused aid. (1) Fails to complete sport or (2) withdraws from classes prior to the end of any academic term. Computation for reimbursement shall be based on the University policy for adjustment of account as published in the official University catalog (Pg. 33). Any balance created by revocation is the student’s responsibility. Student Athlete has right to appeal financial aid decision due to termination.
UNIVERSITY OF MOBILE

Athletic Training Policies and Procedures For Student Athletes
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<td>Exit Interview</td>
<td>48</td>
</tr>
</tbody>
</table>
Athletic Training Staff:

Jacob Lewis, ATC
Head Athletic Trainer
*Softball, Golf, Cheer*
Office: 251-442-2561
Cell: 601-517-5011
Email: jlewis@umobile.edu

Robyn See, ATC
Graduate Assistant
*M&W Basketball / M&W Tennis*

Anna Morris, ATC
Graduate Assistant
*Volleyball, M&W Track and Field/XC*

Jacob Henderlight, ATC
Graduate Assistant
*M&W Soccer, Baseball*
Training Room Hours:

Monday through Friday  8:30 am-8:30 pm  Treatments/ Rehab

Saturday and Sunday  Dependent upon practice/game schedule

Physicals

Pre-Participation Physicals

Each athlete is required to have a physical before the first practice and within 6 weeks prior to the athlete competing in their designated sport. In order for the athlete to participate in any intercollegiate activity the physical must be on file with the head athletic trainer prior to any team practice, scrimmage, or athletic event.

Annual physicals are given at the University of Mobile prior to the start of each Fall semester. There is no fee for these physical exams. These physicals are performed by the University of Mobile's team physician Dr. Stephen Cope and other orthopedists at the Orthopaedic Group P.C.

A student may have his/her physical exam prior to arriving on the campus at his/her own expense. All transfers or incoming freshmen are encouraged to have their pre-participation physicals done at home prior to arriving at UM, but this is not required. Pre-participation forms packet are available online on the athletic training website.

Clearance to play is withheld until all parts of the pre-participation packet are completed and on file in the athletic training room. Physical examinations are only valid for one year from the date of service and can only be validated by an MD.

** In the event any medical issue is found during the pre-participation exam- the athlete is responsible for any additional testing (ie EKG, stress testing, blood work, xrays, MRI) that may be required at the time of the pre-participation exam to determine the athletes ability to play without limitations.

Training Room Policies and Procedures

Hours of Operation
The hours of operation for the athletic training room are designed to accommodate the many facets of our day...administrative duties, and treatments for athletes. These times are also based on the volume of athletes we may see at any given time.

Please understand that you are responsible for reporting injuries to the athletic training staff. You are also responsible for giving the athletic training staff sufficient time to complete your treatment. We are not responsible if you are late for practice. If a class conflicts with the treatment times special accommodations can be made on an individual and situational basis.

If You Are Sick or Injured (Outside your sports participation)

Methods of Treatment for sickness/illness: (not covered by UM insurance)
Day Hours:
1. Athlete should contact athletic trainer for information on available physicians.
2. Athlete should contact coach and let them know of issue.
3. Have the physician place in writing any limitations on activity.
4. Meet with athletic trainer and the coach to discuss the physicians’ findings.

Late Night or weekends (8pm- 8am)
1. Athlete should contact resident advisor and make a decision regarding possible emergency.
2. If an emergency: Contact coach – seek treatment at Providence Hospital or Mobile Infirmary Medical Center.
   - The Greater Mobile Urgent Care on Cottage Hill and the other on Springhill Ave are open till 10:30.
   - The Saraland urgent care opens at 8 am everyday. 251-633-0123
3. Meet with an athletic trainer the next day to determine course of action to be taken regarding physical activity.
If a student-athlete contracts a general illness, he/she may contact a local physician (see Recommended Local Physicians).
**Neither the athletic department nor the athletic training office is responsible for any general illness expenses. Student-athletes are responsible for all general illness physician costs and medications (ie co-pays, deductibles, …)**

If You Are Injured (While participating in your sport)

Athletic Injury due to intercollegiate play:
1. Athletes must immediately report all intercollegiate-related sports injuries to the athletic trainer who will arrange for the athlete to see a physician, if needed. All visits to a physician due to injury need to be prearranged by the athletic trainer, or in the case of an emergency, need to be reported to the athletic trainer or coach as soon as possible.
2. The student-athlete is responsible for providing each facility they are seen the correct insurance and address information regardless of the injury or sickness. Failure to do so can mean a claim will go unpaid and can jeopardize the athlete’s credit. Please list the University of Mobile address as your place to bill you as I can help intercept the bills without delay.
3. The student-athlete should coordinate all claim forms and itemized bills with the head athletic trainer and bring all bills related to the injury back to the head athletic trainer where a student folder will be kept
on file to chart a claims progress. Failure to bring these bills to the attention of the head athletic trainer can result in the athlete being responsible for the claim. The University of Mobile will not be responsible for an injury that is handled outside of these parameters. You will be responsible for any bills that you incur from a second opinion that is not properly reported to the athletic training staff.

* NO CARE WILL BE GIVEN, NOR BILLS COVERED BY THE UNIVERSITY OF MOBILE ATHLETIC DEPARTMENT UNLESS THE ABOVE STEPS ARE TAKEN. *

**In the event that an athlete sees a private physician without consent from the training staff, head coach, or Athletic Director, it will become the student’s responsibility to handle and pay for all medical bills for that injury.**

**The University of Mobile reserves the right not to pay for second opinions.**

**The University of Mobile cannot provide reimbursement for travel to and from doctors’ visits, regardless of the location.**

**If the student athlete seeks medical care outside UM’s team of medical providers (after notification of injury) it will be the student athlete’s responsibility to follow all UM policies and procedures to insure proper information is provided to the outside medical provider. A “UM Medical Team Waiver” must be signed prior to the consult and can be provided to the student athlete by the Head Athletic Trainer.**

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**Medical Insurance Information**

*(To be completed by student athlete’s parent or guardian)*

Athlete’s Name: __________________________ Date of Birth: __________

Athlete’ Social Security #: ________________ Sport: ______________________

**PRIMARY HEALTH INSURANCE**

| Insurance Carrier: __________________________ | Name of Insured: __________________________ |
| Date of Birth of Insured: _________________ | Policy #: __________________________ |
| Deductible amount: ________________________ | Insurance Co address: ______________________ |
| __________________________________________ | __________________________________________ |
| Insurance Co Phone #: ______________________ |

Are there any exclusions concerning intercollegiate athletics? Yes No

Please verify if your health insurance has coverage in Alabama? Yes No

If you have an out of state (outside Alabama) which providers are within your network? (ie urgent care only, ER only,…)

________________________________________

**It is your responsibility to notify the AT staff of any changes to your policy.**

**A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD(S) IS MANDATORY**

**PLEASE UPLOAD THIS CARD DIRECTLY INTO SPORTSWARE**
THE FOLLOWING AUTHORIZATION MUST BE SIGNED BEFORE WE CAN FILE A CLAIM WITH OUR ATHLETIC INSURANCE CARRIER

(Initial ALL if Agree) IF the student athlete is under the age of 19- parent must initial and sign

I understand that my insurance coverage will be verified prior to any athletic conditioning, practice or games. A lapse in insurance coverage or problems with verification may result in the student athlete not being allowed to participate in athletics.

I hereby authorize the University of Mobile Athletic Department to file a claim on my behalf for an athletic injury sustained by (dependent) while participating in intercollegiate sports at the University of Mobile under the above group medical policy. Furthermore, I agree and consent that any amount payable under this policy may be paid to the medical provider.

I authorize the University of Mobile Athletic Department to inspect or secure copies of case history, lab reports, diagnosis, x-rays, and any other information related to any claim derived from participation in UM’s intercollegiate program.

Signature of Parent/Guardian __________ Signature of Athlete __________ Date Signed __________
(Required if athlete under 19)

● A copy of your insurance card (Front and Back) must be uploaded to Sportware!

Insurance Compliance

International Insurance

**All international students are required to be enrolled in the University’s student insurance program.

**Purchasing insurance in your native country to cover medical costs in the United States is not allowed, as these policies typically have exclusions for intercollegiate athletics or do not meet the university’s minimum requirements.

Procedures for Enrolling for International Policy

1. The UM coaching staff/ admissions counselor will provide the athletic trainer with information about your visa status.

2. Your insurance policy will become effective on the first day of practice or the first day of school, whichever comes first.
3. The policy premium will be directly billed to your student account at the start of the Fall semester and the start of the Spring semester; therefore becoming your responsibility at that time.

4. The policy will be in effect from your first day on campus until the last day of spring semester or the last day of competition.

** This insurance is a sickness and accident policy.

** The plan is through GBG- Global Scholar Plus an I-next product.

- There is a 250 deductible each year.
- There is a 25.00 co-pay for office visits
- In addition the student must pay 20% of the total bill for each doctor/hospital visit
- Each and every time you go to the doctor the insurance department at the physician’s office will fill out a claim form and file the charges to GBG for processing. Once processed the student athlete will receive a bill to pay the remaining 20%

** It is the student-athletes responsibility to know what your insurance plan covers and how much will actually come out of your pocket each time you visit the doctor.

** This insurance is required of all international student athlete’s as long as they are enrolled at UM, regardless of whether they are still competing on their respective teams.

The following is an example of the insurance card you will receive via email. You should print this card and put it in your purse/wallet.

The card provides your name, an ID #, the Policy #, when the policy starts and when the policy ends. It also shows the deductibles for physician visits and ER visits.

Contact information is available on the card and any questions can be handled directly by GBG.

***Please remember that the training room has over the counter medications that can be administered for basic colds and sicknesses. These medications are free for student athletes and are distributed in single doses.

**Domestic Primary Insurance**
** All domestic student-athletes must provide proof of insurance at the time of the physical in order to participate. **

** If a domestic student athlete is in need of insurance please contact the Head Athletic Trainer for information regarding an accident only policy. 

** Accident Only Policy **

** Under certain circumstances domestic student athletes may be in need of primary accident insurance. The university offers an accident only policy through Mutual of Omaha that will cover only injuries related to intercollegiate play/practice. This insurance can be billed directly to the student athlete’s student account. 

** UM’s secondary Insurance (UM’s excess policy) **

This insurance is a full excess plan of benefits. This means that all bills must first be submitted to YOUR primary medical insurance carrier with whom the athlete may be insured, then the claim will be processed by UM’s secondary insurance plan.

** Why is insurance verification performed and what is the deadline for submittal of insurance information on Sportware? **

All primary insurance is verified to determine if coverage for the student athlete is current and covers athletic related sports injuries. Primary insurance must be uploaded to “Sportware” by July 1st to insure verification is completed before the start of school.

** What assistance does the University render in regards to an athletic injury? **

1. The athletic trainer should be notified of the injury immediately so that proper care and treatment can be rendered.

2. If referral is needed the student athlete will be advised of the available medical professionals that work closely with UM athletics.

3. The student should determine if these medical professionals are within their primary insurance network or work with the athletic trainer in finding the best option.
4. The Head Athletic Trainer will file a claim form if the injury has occurred while participating in intercollegiate athletics.

5. From that point forward the student’s athlete’s primary insurance will be billed along with the University’s secondary policy.

6. Once the student athletes primary insurance pays their portion, UM’s secondary insurance will be billed.

7. The current deductible for the secondary insurance is 2,500. The university will pay up to 1,000 for each injury claim- (it is the student athlete’s responsibility to understand that anything beyond 1,000 will be required costs out of pocket)

Example:

- Cost of Injury- 10,000
- Primary Insurance Deductible- 2,000
- UM Secondary Insurance will cover all costs beyond 2,500.
- UM athletics will cover up to 1,000
- Cost out of pocket for student is 1,000

- Cost of Injury- 25,000
- Primary Insurance Deductible- 3,000
- UM Secondary Insurance will cover all costs beyond 2,500.
- UM athletics will cover up to 1,000
- Cost out of pocket for student is 1,500

**What are the parameters for filing with Relation Health?**

1. Coverage is provided while: (a) participating in play or practice of an intercollegiate sport sponsored by the policyholder; (b) traveling directly to or from play of an intercollegiate sport, as a team or member of a group; (c) off-season physical conditioning of an intercollegiate sport. Important: This policy does not include coverage of injuries incurred in competition outside of the NAIA-sanctioned 24-week season.

2. Lifetime catastrophic insurance:
   For lifetime rehabilitation, medical and dental expenses as well as limited loss of earnings coverage in the case of total disability.

**How are claims filed?**

** Claim forms are electronically completed by the Head Athletic Trainer at the time of injury to Relation Health.

** A student insurance folder in the training room will house the submitted claim form and any bills or explanation of benefits that are received throughout this time.

** Once the claim is submitted, Relation Health can then recognize the student athlete’s injury once claims are received within their office.
** All bills will first pass through the primary insurance- then through Relation Health (Mutual of Omaha) – remaining balance up to 1,000 will be paid by the University of Mobile if all procedures have been correctly followed.

** Why is it important to notify the athletic training staff of an injury upon onset of symptoms?**

** Claim forms must be received by Relation Health within 90 days of the injury being sustained in order for the secondary insurance to cover the claim.**

** If no record of the injury exists within the athletic training staff’s database then the injury cannot be verified as having occurred while participating in UM sponsored events.**

** How long does a student athlete have after time of injury to see a physician and be covered under this policy?**

** A student athlete must be seen by a physician within 90 days of the injury for the injury to be covered by Relation Health.**

** How long is the benefit period for the injury?**

** This is in regard to how long will Relation Health continue to pay for treatment and care for this injury. The answer is 104 weeks or 2 years from the time the claim form is submitted. This means that the athlete must be through will treatment and care for the claimed injury for Ascension to continue paying. An example: a baseball player hurts his elbow in the final month of his senior season. He sees a physician immediately after the injury and it is determined surgery will be needed. The athlete decides to put off surgery for 6 months. He has the surgery, begins therapy, and progresses. At the 2 year mark, regardless of whether the athlete has completed therapy or has had complications the policies benefits will be terminated. This would mean that from that moment on the athlete’s primary insurance would be the sole source of coverage.**

** Does this insurance policy cover sickness or general medical illness (i.e. heart murmurs, sickle cell treatments)?**

** No. The student athlete’s primary insurance will have sole responsibility.**

** Does this insurance policy cover summer workouts assigned to the student athlete by the coach?**

** No. Injuries incurred while training during the summer and outside the NAIA- 24 week season are not covered. Even if the coach has given a program to follow.**

** Does this insurance policy cover me if I am done with my athletic eligibility, but still have one additional year of academic work?**

** No, only while you are participating as a student athlete participating in your designated intercollegiate sport.**

** Who has the final say about whether an injury will be covered by UM’s secondary policy?**

** Relation Health. Once claim forms are submitted and any additional information requested from Ascension is received, they will make the final decision about covering a claim. Please understand that simply completing a claim form, does not guarantee payment for medical bills incurred.**
What happens if Relation Health denies the claim for any reason (pre-existing or exceeding the 90 day timeframe, etc)?

** If Relation denies the claim for any reason outside the control of the athletic training staff’s control – the bill will pass through the primary insurance and remaining balances will be the student athlete’s responsibility.

What happens when YOU receive a bill for a sports related injury incurred at UM?

** We ask all student athletes to put UM’s physical address on all documentation pertaining to a sports injury, but of course sometimes they forget and put their home address.

** If the bill comes to your home- You must submit that bill to the head Athletic Trainer (jlewis@umobile.edu) for that bill to be paid. Due to HIPAA laws UM may not receive all the bills incurred by a student athlete. This makes it even more important to relay this information back to the athletic trainer as quickly as possible.

** The athletic training staff will work as quickly as possible to pay all bills and determine if each bill received shows both the student athlete’s primary insurance and UM’s secondary insurance has paid. Once all insurance companies have completed payment— the remaining balance will be paid by UM- up to 1,000.

What happens if my child reports an injury during the summer and is seen by a physician for that injury?

** If the injury is related to a UM injury that student athlete should have notified an athletic trainer prior to leaving for summer break. If no injury is documented by an athletic trainer then the responsibility falls on the individual.

What happens if the student athlete wants to wait for surgery until after the season?

** The student athlete must understand their primary insurance and their effective dates of coverage. Waiting on surgery may create a lapse in coverage, longer recovery time, or a delay in continuity of treatment from doctor to patient. It is not recommended to delay surgery unless the physician finds a necessary reason for the delay.

What happens if my child is sent to several different medical facilities for testing during that referral for a UM related injury?

** It is the student-athletes responsibility to notify the athletic training staff of each and every medical facility they are sent. This allows UM to give the proper insurance information to each and every facility.

What happens if MY insurance changes?

The University of Mobile’s Athletic Training Department must receive any changes to a health insurance policy as soon as they occur. If proper notification is not received, the University of Mobile will not be responsible for any delays in payment, collections notices, credit reports, etc. that occur. If a
Cancellation of a policy occurs without proper notification, all bills incurred during that period will be the responsibility of the student-athlete and/or his/her parent(s) / guardian(s). This will include the cost up to UM’s deductible of 2,500. This will negate the 1,000 paid by the University.

**How can I make sure my sports related claims are handled quickly?**

1. Provide all medical documentation for any injury within the last 3 years at the time of physical. This will allow Ascension to quickly determine if this injury is coverable under UM’s plan.

2. It is the student-athlete’s and his/her parent(s) / guardian(s) responsibility to understand the conditions that apply to their policy and comply with any request for information, etc. from the primary insurance company. Insurance companies request information on their policyholders when injury / illness medical claims are billed. Examples are, but not limited to, accident/injury questionnaires mailed to your home asking you to answer and mail back to the insurance company and/or student enrollment verification, proving he/she is in college. Any delinquent bills resulting in bad credit due to non-compliance with insurance company requests will be the responsibility of the student-athlete.

***In the event that a student-athlete and/or his/her parent(s) / guardian(s) receives payment / reimbursement directly from their insurance company for athletic related injury / illness claims, the full account balance becomes the responsibility of the student-athlete and/or his/her parent(s) / guardian(s), until payment is turned over to the provider.***

**What do I need to know if I have Tricare?**

If you are an athlete at the University of Mobile, the athletic insurance provided by the school’s athletic department is considered a secondary (excess) policy and will not work with any of the government sponsored insurance plans such as Medicaid, Tricare, Champus, etc. If you are covered under one of these policies, you will be required to purchase additional insurance or waive out of using UM’s secondary policy to cover athletic injuries prior to competing at UM. If you choose to waive UM’s secondary policy your primary insurance will be the sole source for injury related claims, therefore making the athlete responsible for any bills not covered by the policy.

**What happens if I have Medicaid?**

The student will be required to purchase the accident only policy regardless of having Medicaid as a primary. The accident only policy will be used for intercollegiate injuries only.

For issues related to sickness Medicaid can still be used, but the student athlete must understand these benefits typically end at the age of 19.

Your signature below accepts all terms and conditions of the University of Mobile’s handling of insurance claims for my sports related injuries, changes within my own primary insurance, and issues related to government sponsored insurance companies (Tricare, Medicaid, Champus).

** If you have Tricare you must contact the Head Athletic Trainer to fill out the waiver form.

(Initial by parent if student athlete is under age of 19)

______ I understand that in order to participate as a student athlete at UM that I must maintain valid primary health insurance.

______ I understand that UM’s secondary policy is an excess policy which means all claims must first pass through the student athlete’s primary insurance and then through UM’s secondary policy.
I understand that UM agrees to pay up to 1,000 for each individual sports injury incurred. Anything beyond that amount will be the responsibility of the student athlete.

______________________________  ________________________________
Print Athlete Name                  Athlete’s Signature

______________________________  ________________________________
Parent Signature                  Date Signed
(Required if athlete is under 19)

NEW ATHLETE ONLY)
UNIVERSITY OF MOBILE
(This Page Must be Completed by an MD)

Students Name: __________________ Date: ______________

GENERAL MEDICINE PHYSICAL

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal Findings/Comments</th>
<th>M.D. Initials</th>
</tr>
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<tbody>
<tr>
<td>EENT</td>
<td></td>
<td></td>
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<tr>
<td>HEAD</td>
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<tr>
<td>HEART</td>
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</tbody>
</table>

Pulse: ________
Blood pressure: ________
Height: ________
Weight: ________
Eyes:
Corrected ________
Uncorrected ________
Right: ________
Left: ________
### Medical History Questionnaire

- **Physician's Signature:** ____________________________________________
- **Date:** ___________________________

- **Athlete's Name:** ________________________________________________
- **Last**
- **First**
- **MI**

- **Date Of Birth:** ___/___/_______
- **mth day yyyy**

- **Sport(S):** _____________________________________________________

- **SSN:** ________-_______-__________

- **Sex:** ______

- **Yr in School:** FR SO JR SR

---

### Heart Murmurs
- **Heart murmur**
- **Abnormal femoral pulses to exclude aortic coarctation**
- **Physical stigmata of Marfan syndrome**
- **Abnormal brachial artery blood pressure (sitting position)**

### Orthopedic Physical

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<tr>
<th>Normal</th>
<th>Abnormal Findings/Comments</th>
<th>M.D. Initials</th>
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<tbody>
<tr>
<td>HEAD &amp; NECK</td>
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<td>SPINE</td>
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<td>SHOULDERs</td>
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<td>ELBOWs</td>
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<td>ARMS</td>
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<td>WRIST/HAND</td>
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<td>PELVIS</td>
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<tr>
<td>QUAD/HAM</td>
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<tr>
<td>KNEE</td>
<td></td>
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<tr>
<td>ANKLE/FOOT</td>
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</tbody>
</table>

- □ Cleared for full participation with no restrictions
- □ Cleared with limitations/restrictions: ____________________________
- □ Not cleared due to: ____________________________________________

**Physician’s Signature:** ____________________________ **Date:** ________________

**PLEASE PROVIDE AN OFFICE STAMP BELOW FOR VERIFICATION OF PHYSICIAN PERFORMING EXAM:**

**UNIVERSITY OF MOBILE**
**DEPARTMENT OF ATHLETICS**
**MEDICAL HISTORY QUESTIONNAIRE**
Have you logged onto https://www.swol123.net and updated your information online: YES  NO

Local Address: ________________________________________________________________  
(Not at UM)

Student Cell Phone: (___)______-__________

Parents Names: ___________________________ ___________________________  
Mother  Father

Parents Cell Phone: (___)______-__________  (___)______-__________

Home Address: (Permanent) __________________________________________________

__________________________________________________________

IN CASE OF EMERGENCY, PLEASE CONTACT: (other than parent/guardian)

Name: _____________________________ Relationship: _____________________________

CELL PHONE: (___)_______________

Please circle any of the following that you have had, currently have, and/or being treated for:

1. Allergies  7. Chicken Pox or vaccine  12. Epilepsy
3. Appendicitis  9. Drug/Alcohol Dependency  14. Freq. or Severe Headaches
6. Bleeding Tendencies  (depression)
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<tbody>
<tr>
<td>17. Heat Illness (cramps, exhaustion, etc)</td>
<td>27. Loss of Paired organ (Kidney, lung, testicle)</td>
</tr>
<tr>
<td>19. Hepatitis</td>
<td>29. Menstrual Disorder</td>
</tr>
<tr>
<td>20. Hernia</td>
<td>30. Migraines</td>
</tr>
<tr>
<td>22. High/Low Blood Pressure</td>
<td>32. Mumps</td>
</tr>
<tr>
<td>23. HIV/Aids</td>
<td>33. Palpitations</td>
</tr>
<tr>
<td>24. Kidney Disease/Injury</td>
<td>34. Pleurisy</td>
</tr>
<tr>
<td>25. Leukemia</td>
<td>35. Pneumonia</td>
</tr>
<tr>
<td>26. Liver Disease/Injury</td>
<td>36. Polio</td>
</tr>
<tr>
<td>37. Seizures</td>
<td>38. Sickle Cell Anemia</td>
</tr>
<tr>
<td>39. Spleen Injury</td>
<td>40. Stomach Trouble</td>
</tr>
<tr>
<td>41. STDs</td>
<td>42. Tuberculosis</td>
</tr>
<tr>
<td>43. Thyroid Disorder</td>
<td>44. Ulcers</td>
</tr>
</tbody>
</table>

Please explain any of the circled responses:

Example: #1 allergies to codeine, penicillin, hay fever, dust, sulfa

# 17 heat illness in 2009 treated by athletic trainer then at hospital

45. List all prescribed medications you are currently taking. This includes emergency medication for allergies or asthma. (EpiPen, Inhaler). You must include all medications on this form in the event you are drug tested this information will be on file.
The 12-Element AHA Recommendations for Pre-participation Cardiovascular Screening of Competitive Athletes Cardiac History

**CARDIAC HISTORY**

**Personal history – Have you ever experienced:**

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<tr>
<td>Yes</td>
<td>No</td>
<td>46. Exertional chest pain/discomfort- (Specific to activity)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>47. Excessive exertional and unexplained dyspnea-fatigue, associated with exercise</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>48. Unexplained syncope/near-syncope (Fainting)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>49. Elevated systemic blood pressure</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>50a. Prior recognition of a heart murmur</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>50b. Heart surgery or diagnosed conditions of the heart</td>
</tr>
</tbody>
</table>

**Family history – Do any family member have or have experienced**

<p>| | | |</p>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>51. Premature death (sudden, unexpected, or otherwise) before age 50 years due to <strong>HEART DISEASE</strong>, in 1 relative</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>52. Disability from <strong>HEART DISEASE</strong> in a close relative &lt;50 years of age</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>53. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias</td>
</tr>
</tbody>
</table>

**Explain any YES answer from questions 46-53:**

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

*** If you have ever been told you have heart murmur, please follow up with your physician prior to arriving for UM physicals so testing can be done ahead of time.***
### MEN ONLY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>54. Have you ever suffered an injury to your genital/groin area that required medical assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>55. Have you ever been seen for any genital/groin issue related to testicular nodules or pain?</td>
</tr>
</tbody>
</table>

### WOMEN ONLY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>56. Do you suffer from irregular periods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>57. Do you suffer from severe menstrual cramps?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>58. Are you currently taking any medications for birth control and/or severe cramps?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>59. Do you have frequent urinary tract infections?</td>
</tr>
</tbody>
</table>
| Yes | No | 60. Have you had any past pregnancies or births?  
If yes what year___________________ |

It is the policy of the University of Mobile Athletics department that student athletes who have a medically diagnosed pregnancy not participate in any university athletic department sponsored competition, practice, or conditioning activity if participation would present an unreasonable danger to either the fetus or the mother. In the event of a pregnancy; the University of Mobile athletic training staff, its team physicians or designated physicians may reserve the right to hold a student athlete out of participation for such reasons.

Student athlete, ____________________________ and parent or guardian have read, understand and agree to the aforementioned policy on the participation of the student athlete. Student athlete and parent/ guardian agree that it is the student athletes responsibility to notify the University of Mobiles medical personnel of any change in menstrual periods and/ or reproductive status. Student athlete and parent or guardian understand that the University of Mobile athletic department and its staff members may not be held financially responsible for any pregnancy tests or other medical procedure the student athlete may undergo due to changes in the student athletes reproductive system.

Date:___________  Athlete Signature(Women Only)__________________________________________

Parent/Guardian: ___________________________________________________________
These questions should be answered if you were seen by either a physician or athletic trainer. Please be specific about what type of health professional you saw for each injury you sustained.

**HEAD**

Yes  No  61. Have you ever had a concussion with or without loss of consciousness that was diagnosed by either an athletic trainer or a physician?

**Concussion 1**

How did it occur, what type of healthcare professional did you see and how long were you out of competition:

____________________________________________________________________________________________

____________________________________________________________________________________________

Yes  No  Did you have a loss of consciousness. How long: ________________________________

Yes  No  Have you struggled with memory loss, concentration issues, headaches, or any other symptoms since this injury occurred?

If Yes which ones and how are they managed?

____________________________________________________________________________________________

____________________________________________________________________________________________

**Concussion 2**

How did it occur, what type of healthcare professional did you see and how long were you out of competition:

____________________________________________________________________________________________

____________________________________________________________________________________________

**Concussion 3**

How did it occur, what type of healthcare professional did you see and how long were you out of competition:

____________________________________________________________________________________________

We need all medical documentation for injuries occurring within the last 3 years. This includes physician reports, MRI/CT diagnostic reports, and physical therapy notes.

**UPPER NECK**

62. Have you ever had any neck injury or neck pain?

Yes  No  Sprain (Ligaments)

Yes  No  Strain (Muscles/Tendons)

Yes  No  Scoliosis

Yes  No  Fracture

Yes  No  Herniated disk

Yes  No  Nerve Injury

Yes  No  Surgery Performed

Yes  No  Injections- Cortisone
Yes No MRI/ CT scan/ Bone Scan

If yes, give date(s) and explain how and when the injury occurred:

MIDDLE AND LOWER BACK

63. Have you ever injured your back or suffered from back pain (congenital or injury)?

Yes No Sprain (Ligaments)
Yes No Strain (Muscles/Tendons)
Yes No Scoliosis
Yes No Fracture
Yes No Herniated disk
Yes No Nerve Injury
Yes No Surgery Performed
Yes No Injections- Cortisone
Yes No MRI/ CT scan/ Bone Scan

If yes, give date(s) and explain how and when the injury occurred:

SHOULDER, ELBOW & WRIST

64. Have you ever had a shoulder injury?

Yes No Sprain (Ligaments) R___ L___
Yes No Strain (Muscles/Tendons) R___ L___
Yes No Subluxed/Dislocated R___ L___
Yes No Fracture R___ L___
Yes No Cartilage Injury (Labrum) R___ L___
Yes No Inflammation- Tendonitis/Bursitis R___ L___
Yes No Nerve Injury R___ L___
Yes No Surgery Performed R___ L___
Yes No Injections- Cortisone R___ L___
Yes No MRI/ CT scan/ Bone Scan R___ L___

If yes, give date(s) and explain how and when the injury occurred:

65. Have you ever injured either one of your elbows?

Yes No Sprain (Ligaments) R___ L___
Yes No Strain (Muscles/Tendons) R___ L___
Yes No Subluxed/Dislocated R___ L___
Yes No Fracture R___ L___
Yes No Cartilage Injury R___ L___
Yes No Inflammation- Tendonitis/Bursitis R___ L___
Yes No Nerve Injury R___ L___
Yes No Surgery Performed R___ L___
Yes No Injections- Cortisone R___ L___
Yes No MRI/ CT scan/ Bone Scan R___ L___

If yes, give date(s) and explain how and when the injury occurred:
66. Have you ever injured either one of your **wrists/hands/fingers**?

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<tr>
<td>Yes</td>
<td>No</td>
<td>Sprain (Ligaments)</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Strain (Muscles/Tendons)</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Subluxed/Dislocated</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Fracture</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Cartilage Injury</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Inflammation- Tendonitis/Bursitis</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Nerve Injury</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Surgery Performed</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Injections- Cortisone</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>MRI/ CT scan/ Bone Scan</td>
<td>R___ L___</td>
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</table>

If yes, give date(s) and explain how and when the injury occurred:

**HIP/THIGH/ ABDOMEN**

67. Have you ever injured either of your **hips/thigh or abdomen**?

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<tr>
<td>Yes</td>
<td>No</td>
<td>Sprain (Ligaments)</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Strain (Muscles/Tendons)</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Subluxed/Dislocated</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Fracture</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Cartilage Injury</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inflammation- Tendonitis/Bursitis</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Hernia/ Sports Hernia</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Nerve Injury</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Surgery Performed</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Injections- Cortisone</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>MRI/ CT scan/ Bone Scan</td>
<td>R___ L___</td>
</tr>
</tbody>
</table>

If yes, give date(s) and explain how and when the injury occurred:

**KNEE**

68. Have you ever injured either of your **knees**?

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Sprain (Ligaments)</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Strain (Muscles/Tendons)</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Subluxed/Dislocated</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Fracture</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Cartilage Injury</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Inflammation- Tendonitis/Bursitis</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Nerve Injury</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Surgery Performed</td>
<td>R___ L___</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Injections- Cortisone</td>
<td>R___ L___</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>MRI/ CT scan/ Bone Scan</td>
<td>R___ L___</td>
</tr>
</tbody>
</table>

If yes, give date(s) and explain how and when the injury occurred:

**LOWER LEG/ANKLE**

69. Have you ever injured either of your **ankles**?
Yes  No  Sprain (Ligaments)  R___  L___
Yes  No  Strain (Muscles/Tendons)  R___  L___
Yes  No  Subluxed/Dislocated  R___  L___
Yes  No  Fracture  R___  L___
Yes  No  Cartilage Injury  R___  L___
Yes  No  Inflammation- Tendonitis/Bursitis  R___  L___
Yes  No  Nerve Injury  R___  L___
Yes  No  Surgery Performed  R___  L___
Yes  No  Injections- Cortisone  R___  L___
Yes  No  MRI/ CT scan/ Bone Scan  R___  L___

If yes, give date(s) and explain how and when the injury occurred:

---

**FEET**

70. Have you ever injured either foot?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sprain (Ligaments)</td>
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<td></td>
<td></td>
<td>Strain (Muscles/Tendons)</td>
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<td></td>
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<td>Subluxed/Dislocated</td>
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<td>Fracture</td>
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<td>Cartilage Injury</td>
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<td>Inflammation- Tendonitis/Bursitis</td>
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<td>Nerve Injury</td>
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<td></td>
<td>Surgery Performed</td>
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<td></td>
<td>Injections- Cortisone</td>
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<tr>
<td></td>
<td></td>
<td>MRI/ CT scan/ Bone Scan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, give date(s) and explain how and when the injury occurred:

---

**MISCELLANEOUS**

71. List and describe any other injuries you have sustained, giving dates for all and explaining their occurrence, and any current medical problems you would like to speak with the physicians about:

---

72. List any injections received, diagnostic testing performed by an orthopedic, or any injury seen by a physician that has incapacitated you from performing your sport within the past 3yrs (give Dates). Also, provide diagnosis, images, and reports for the related injuries. Failure to report any pre-existing evidence could result in a denial of the insurance claim.

---

**CERTIFICATION OF AUTHENTICITY OF ANSWERS**

STUDENT ATHLETE, _____________________________, AND PARENT OR GUARDIAN HERewith,
A. UNDERSTANDS THAT THE STUDENT ATHLETE MUST REFRAIN FROM PRACTICE OR PLAY DURING MEDICAL TREATMENT UNTIL HE/SHE IS DISCHARGED FROM TREATMENT OR GIVEN WRITTEN PERMIT BY THE ATTENDING PHYSICIAN TO RESUME PARTICIPATION.
B. CERTIFIES THAT THE ANSWERS TO THESE QUESTIONS ARE CORRECT AND TRUE.
C. UNDERSTANDS THAT THE STUDENT ATHLETE HAS PASSED THE PHYSICAL EXAMINATION DOES NOT NECESSARILY MEAN THAT HE/SHE IS PHYSICALLY QUALIFIED TO ENGAGE IN ATHLETICS, BUT ONLY THAT THE EXAMINER DID NOT FIND A MEDICAL REASON TO DISQUALIFY HIM/HER AT THIS TIME.
D. FULLY REALIZES THAT THE UNIVERSITY OF MOBILE AND THE DEPARTMENT OF ATHLETICS CANNOT BE HELD RESPONSIBLE FOR ANY PREVIOUS MEDICAL CONDITIONS THAT THE STUDENT ATHLETE MIGHT HAVE.
E. UNDERSTANDS THAT IF A MEDICAL SERVICE IS TO BE PAID FOR BY THE UNIVERSITY OF MOBILE, IT WILL BE PERFORMED BY THE UNIVERSITY OF MOBILE MEDICAL STAFF UNLESS OTHERWISE APPROVED BY THE UNIVERSITY’S HEAD ATHLETIC TRAINER.
F. UNDERSTANDS THAT ANY ATHLETE INJURED WHILE PARTICIPATING IN A UM ATHLETIC PRACTICE OR COMPETITION MUST NOTIFY THE ATHLETIC TRAINER SO THAT PROPER DOCUMENTATION CAN BE MAINTAINED AND THE PROPER PROCEDURES WILL BE FOLLOWED.

DATE: ____________________

STUDENT SIGNATURE: __________________________ (must be signed by athlete)

PARENT/GUARDIAN: ____________________________

PARENT OR GUARDIAN’S SIGNATURE REQUIRED IF UNDER 19
Students Name: ________________________  Date: __________________

### GENERAL MEDICINE PHYSICAL

<table>
<thead>
<tr>
<th>EENT</th>
<th>Abnormal Findings/Comments</th>
<th>M.D. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td></td>
<td></td>
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<tr>
<td>HEART</td>
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<tr>
<td>(Check yes if present)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Heart murmur</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Abnormal femoral pulses to exclude aortic coarctation</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Physical stigmata of Marfan syndrome</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Abnormal brachial artery blood pressure (sitting position)</td>
<td></td>
</tr>
<tr>
<td>LUNGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABDOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIN</td>
<td></td>
<td></td>
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</tbody>
</table>

### ORTHOPEDIC PHYSICAL

<table>
<thead>
<tr>
<th>Head &amp; Neck</th>
<th>Abnormal Findings/Comments</th>
<th>M.D. Initials</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>SPINE</td>
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<tr>
<td>SHOULDERS</td>
<td></td>
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<tr>
<td>ELBOWS</td>
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<tr>
<td>ARMS</td>
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<tr>
<td>WRIST/HAND</td>
<td></td>
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<tr>
<td>PELVIS</td>
<td></td>
<td></td>
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<tr>
<td>QUAD/HAM</td>
<td></td>
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<tr>
<td>KNEE</td>
<td></td>
<td></td>
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<tr>
<td>ANKLE/FOOT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ☐ Cleared for full participation with no restrictions
- ☐ Cleared with limitations/restrictions: __________________________________________________________
- ☐ Not cleared due to: ______________________________________________________________________

Physician’s Signature: ____________________________________________ Date: ______________________

PLEASE PROVIDE AN OFFICE STAMP BELOW FOR VERIFICATION OF PHYSICIAN PERFORMING EXAM:

---

**UNIVERSITY OF MOBILE**  
**DEPARTMENT OF ATHLETICS**  
**MEDICAL HISTORY QUESTIONNAIRE**

Athlete’s Name: __________________________________________________________

Last First MI

Date Of Birth: ___/___/______  
Sport(S): ______________________

mth  day  yyyy

SSN:______-_______-_______  Sex:____  Yr in School: FR SO JR SR

Have you logged onto https://www.swol123.net and updated your information online:  YES  NO

Local Address:  __________________________________________________________

(Not at UM)

Student Cell Phone: (____)_______-_________

Parents Names: ___________________________  ___________________________

Mother  Father

Parents Cell Phone: (____)_______-_________  (____)_______-_________

Home Address: (Permanent)  ____________________________________________
IN CASE OF EMERGENCY, PLEASE CONTACT: (other than parent/guardian)
Name: ________________________________ Relationship: ________________________________
CELL PHONE: (____)_______-________

If you have had any injury/ surgery/ diagnostic tests since your last UM physical please explain below.
Even if the athletic training staff is aware of the injury.

1. Yes  No  Head (Concussions)  Date of Concussion: ______________
   If yes answer the following questions:
   How long were you out of competition: ______________
   Yes  No  Did you follow up with a physician
   Explain the injury: _____________________________________________________________

2. Yes  No  Neck or Lower Back  Date of Injury: ______________
   If yes answer the following questions:
   Yes  No  Were Xrays performed?
   Yes  No  MRI/ CT performed?
   Explain the injury: _____________________________________________________________

3. Yes  No  Shoulder  Date of Injury: ______________
   If yes answer the following questions:
   Yes  No  Did you follow up with a physician
   Yes  No  Were Xrays performed?
   Yes  No  MRI/ CT performed?
   Explain the injury: _____________________________________________________________
<table>
<thead>
<tr>
<th>No.</th>
<th></th>
<th></th>
<th>Date of Injury: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Elbow</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Wrist/Hand</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
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<tr>
<td>6.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Hips/ Abdomen/ Thigh</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Knee</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
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<tr>
<td>8.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Ankle</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
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<tr>
<td>9.</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>Foot/Toes</td>
</tr>
<tr>
<td></td>
<td>Did you follow up with a physician?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Were X-rays performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>MRI/ CT performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Explain the injury: ______________________________________________________________</td>
<td></td>
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</tr>
</tbody>
</table>
If you have seen a physician for a summer related injury that would not have been seen by the UM sports medicine staff - please contact the medical provider and submit all physicians notes, diagnostic notes, and/or surgical notes and send these forms in together.

CERTIFICATION OF AUTHENTICITY OF ANSWERS

STUDENT ATHLETE, _____________________________, AND PARENT OR GUARDIAN HEREWITH,

A. UNDERSTANDS THAT THE STUDENT ATHLETE MUST REFRAIN FROM PRACTICE OR PLAY DURING MEDICAL TREATMENT UNTIL HE/SHE IS DISCHARGED FROM TREATMENT OR GIVEN WRITTEN PERMIT BY THE ATTENDING PHYSICIAN TO RESUME PARTICIPATION.

B. CERTIFIES THAT THE ANSWERS TO THESE QUESTIONS ARE CORRECT AND TRUE.

C. UNDERSTANDS THAT THE STUDENT ATHLETE HAVE PASSED THE PHYSICAL EXAMINATION DOES NOT NECESSARILY MEAN THAT HE/SHE IS PHYSICALLY QUALIFIED TO ENGAGE IN ATHLETICS, BUT ONLY THAT THE EXAMINER DID NOT FIND A MEDICAL REASON TO DISQUALIFY HIM/HER AT THIS TIME.

D. FULLY REALIZES THAT THE UNIVERSITY OF MOBILE AND THE DEPARTMENT OF ATHLETICS CANNOT BE HELD RESPONSIBLE FOR ANY PREVIOUS MEDICAL CONDITIONS THAT THE STUDENT ATHLETE MIGHT HAVE.

E. UNDERSTANDS THAT IF A MEDICAL SERVICE IS TO BE PAID FOR BY THE UNIVERSITY OF MOBILE, IT WILL BE PERFORMED BY THE UNIVERSITY OF MOBILE MEDICAL STAFF UNLESS OTHERWISE APPROVED BY THE UNIVERISTY’S HEAD ATHLETIC TRAINER.

F. UNDERSTANDS THAT ANY ATHLETE INJURED WHILE PARTICIPATING IN A UM ATHLETIC PRACTICE OR COMPETITION MUST NOTIFY THE ATHLETIC TRAINER SO THAT PROPER DOCUMENTATION CAN BE MAINTAINED AND THE PROPER PROCEDURES WILL BE FOLLOWED.
STUDENT SIGNATURE:_______________________________ (must be signed by athlete)

PARENT/GUARDIAN:_________________________________ (if under 19 years of age)

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:
(If you are under 19 years of age, your parents or guardians must also sign)

The basic content of each is:

A. Medical Consent: Allows UM Athletic Trainers and Physicians to treat any injury you receive while at the University of Mobile.

B. Shared Responsibility for Sport Safety: Acknowledge that there are certain inherent risks involved in participating in intercollegiate athletics and that you are willing to assume responsibility for such risks.

C. Release of Information Allows UM Athletic Trainers to release information to athletic department personnel, as outlined in policies and procedures manual.

If you should choose to refuse to sign any of these, please write “REFUSED TO SIGN” along with the date and your signature.
A. Medical Consent to Treat:

Student athlete, ____________________________, and parent or guardian hereby grant permission to the University of Mobile team physicians and/or consulting physicians to render to the student athlete any treatment, medical or surgical care (including drug testing) that they deem reasonably necessary to the health and well-being of the student athlete.

The student athlete and parent or guardian also hereby recognize the athletic trainers at the University of Mobile, who are under the direction and guidance of the University of Mobile team physicians, to render any preventive, first-aid, rehabilitation or emergency treatment the deem reasonably necessary (including drug testing) to the health and well-being of the aforementioned student athlete.

Also, when necessary for executing such case, the student athlete and parent or guardian grants permission for hospitalization at an accredited hospital.

B. Shared Responsibility for Sports Safety:

Student athlete, ____________________________, and parent or guardian understands that there are risks of injury or death arising from the student athlete’s participation in intercollegiate sports and that even though proper coaching techniques are used, the possibility of injury or death still exists. To decrease the risk of injury, the student athlete and parent or guardian understands that equipment must be worn properly and that the student athlete must adhere to all instructions and all rules applying to their chosen activity. The student athlete and parent or guardian agree that it is the responsibility of the student athlete to do so, as well as report to their coach or Athletic Trainer, any defects, or change of fit, in athletic equipment. However, the student athlete and parent or guardian acknowledge that proper use of equipment, proper training, and adherence to the rules may not prevent all risks of injury and the student athlete assumes those risks.

In consideration of the student athlete’s being permitted to participate in the University of Mobile Athletic Department, the student athlete and parent or guardian hereby release UM, its Trustees, officers, employees, and agents, together with all persons assisting with any phase of the program, from all liability and responsibility for any loss or injury related to the student athlete’s participation in the UM athletic program. The student athlete and parent or guardian further agree to indemnify and hold harmless said parties, guardians, heirs, executors, representatives, or assigns.

C. Release of Information:

Student athlete, ____________________________, and parent or guardian hereby authorize the University of Mobile athletic trainers and team physicians to release to the University of Mobile Athletic Administration, Coaches and my parents/guardians any medical information concerning illness/injury relative to my past, present, or future participation in athletics at the University of Mobile.

__________________________  _______________________________
Date                                  Student Signature
Pregnancy Referral and Management Guidelines

The University of Mobile’s athletic department has as its primary concern the health and welfare of the student-athlete and the unborn child. Therefore, the student-athlete is required to inform the Athletic Training staff at the earliest known date of pregnancy.

Medical Costs

- Medical Costs for the coverage of gynecological or obstetrics care, including pregnancy, are not covered by the University of Mobile.

Resources and Chain of Command

- If a student-athlete indicates to any athletics department staff member that she may be pregnant, the Head Athletic Trainer is notified and the following procedures will take place:

1. The athlete will be removed from practice/competition and immediately referred to an OB/GYN physician of their choosing for physical examination.
2. Following the OB/GYN examination and testing, the athlete will provide the University of Mobile athletic training staff copies of all doctors notes and laboratory tests results concerning her pregnancy status. Information submitted will be used by the team physician when determining the safety of continued participation in athletic competition.

- If pregnancy is confirmed through laboratory testing, the following procedures will take place:

1. The following athletics department staff members will be informed that there is a change in the athlete’s medical clearance status and why:
   a. Team Physician
   b. Head Athletic Trainer
   c. Sport Athletic Trainer
   d. Athletic Director
   f. Head Coach

Note: Information regarding pregnancy will not be disclosed to individuals without an Authorization to Disclose Medical Information form signed by the student-athlete.

2. The student–athlete must provide the athletic training staff copies of all doctor’s notes, etc. which indicate whether or not continued participation in athletic is advised. A letter from the OB/GYN clearly outlining safe parameters for continued participation on doctor’s letterhead is also required.

3. The team physician will review all available information and make a decision regarding the continued participation of the student-athlete in intercollegiate activity. This decision is final and the student-athlete is required to abide by the physicians recommendations.

- If it is determined that the student-athlete is permitted to continue activity, she will still be required to do the following:

1. Attend regular follow-up examinations with OB/GYN once a month (or as often as the OB/GYN determines it is necessary) to re-assess her health status.

2. Provide the athletic training staff with copies of all lab results, doctor’s notes and office notes concerning the athlete’s medical fitness to continue participation. The athlete must understand this is a continual process that will be examined throughout the course of each visit to determine the athlete’s activity level.

Counseling

- It may be necessary for the pregnant student-athlete to receive emotional support or care from a counselor or psychologist as well. If the student-athlete desires or the OB/GYN and or athletic training staff feel it is necessary, counseling may be sought on campus through the University of Mobile student services department.
Orthopedists
Orthopaedic Group PC
Dr. Cope/ Dr. Busbee/
251-476-5050
Saraland Location

Gynecologists
Dr. Helen Rogers
251-301-1145
Dr. Brooke Lenz
251-344-5900
Dr. Felicia Stella
251-633-3607

General Physicians
Northside Clinic
Diagnostic & Medical Clinic – Northside
95 Shell St.
Saraland, AL 36571
Open 8-3:30 Sat/Sun
Monday - Friday, 7 a.m. - 5 p.m.

Victory Health Partners (sees students based off income)
General Doctor/ Dentist/ Vision
251-445-0038
3750 Professional Parkway Mobile AL 36609
Open 8-5
www.victoryhealth.org

Available Local Physicians

AFTER-HOURS QUICK CARE
Monday - Friday, 5 - 7 p.m.
Saturday, 8 a.m. to noon

Doctors:
Larry B. Thead, M.D.
Bryan P. Crenshaw, M.D.
R. Jason Valentine, M.D.
Jason R. West, M.D.

Urgent Care
Greater Mobile Urgent Care
251-633-0123
1. Saraland location- across from Foosacklys
   Open 8-7:30- Mon-Fri
2. Shillinger Rd and Old Shell location
   Open 8:00a-10:30 pm- M-F
   Open 8-4- Sat/Sun

Physical Therapy Clinics
Encore Rehabilitation- located on campus
Kristen Rather, DPT
251-675-3933

Eye Ears Nose Throat Specialists
Premier Medical
251-341-3300

Dentists
Dr. Whatley Farni and Farni Diane Tedder
Alabama Family Dental Saraland Satsuma Family Dental
251-344-5461 251- 675-4313 251- 888-7148

SICKLE CELL QUESTIONNAIRE
University of Mobile Athletic Training Department

Name: ________________________________     Sport: ________________________

Yes or No     1. Have you ever been advised that you carry the Sickle Cell Trait/ or have Sickle Cell Anemia?

Yes or No     2. Have you ever had a blood test done to determine if you have the Sickle Cell Trait/ Sickle Cell Anemia?
If yes, what were the results? ______________________________

Yes or No     3. Do you have a family history of the Sickle Cell Trait/ Sickle Cell Anemia?
Yes or No 4. Have either of your parents tested positive for the Sickle Cell Trait/ Sickle Cell Anemia?
If yes, which parent? ________________________________

If tested positive for Sickle Cell Trait/ Disease

I understand and assume the accompanying risk or injury involved with this disease. I or my heirs, executors, administrators or assigns release the University of Mobile, its employees and representatives, from all claims and/ or liability whatsoever for any injuries, illnesses, or death resulting from the Sickle Cell Trait/ Sickle Cell Disease.

__________________________________  ________________________________
Athlete’s Signature                  Date Signed

__________________________________
Parent/Guardian Signature
(If under 19 years of age)

**If you have tested positive for the sickle cell trait a physician’s note will need to accompany your paperwork describing any participation limitations

University of Mobile
Head Trauma Policy &
Return to Play Protocol

Definition of Concussion
A concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces which most commonly occurs after various mechanisms and is characterized by the rapid onset of cognitive impairment that is self-limited and spontaneously resolves. A concussion is defined as ‘trauma- induced alteration in mental status that may or may not involve loss of consciousness.’

Policy
* All UM student athletes will sign an acknowledgement form stating they are aware of this
policy and return to play guidelines. This form will be stored on Sportware and is readily located in the Student Athlete Handbook.

- The student athlete will acknowledge through this form to adhere to the medical treatment plan set by both the athletic training staff and team neurologist. The student athlete has also agreed to report any and all signs or symptoms of suspected concussions for either themselves or a teammate.
- Multiple concussions within the same academic year must be evaluated by a neurologist.

**IMPACT Testing Protocol**

- All athletes within contact/collision sports or those that have previously reported significant concussions with LOC on UM’s pre-participation exam will participate in pre-season IMPACT testing.
- These tests will be administered either prior to the first day of practice or within the first week practice. The number of athletes tested at one time will not exceed 12 athletes in one testing setting.
- Scores will be kept on file and used to refer to in the event a concussion occurs during intercollegiate play while a student athlete at UM.
- Impact scores will only serve as one assessment tool for determining return to play. Other assessment tools will include, but not limited to, balance testing (BESS), SAC testing, cranial nerve assessment, and Wii training.

**Reporting of Symptoms to ATC or Coach**

- If an athlete reports signs and symptoms of a concussion to a coach it is their responsibility to refer the athlete to an available athletic trainer or medical facility for further evaluation. Failure to relay these signs and symptoms to an appropriate health care professional can mean a delay in care and may cause permanent neurological deficits.
- Any athlete who displays any signs, symptoms, or behaviors consistent with suspected head injury must be removed from participation and must be observed by a coach or certified athletic trainer for symptoms of concussion for a minimum of 15 minutes. If a coach is the individual who removes the athlete from play, the coach should notify a University of Mobile Athletic Trainer to determine further care.

**Symptoms of Concussion**

- Blurred vision
- Dizziness
- Inappropriate emotions (crying, anger)
- Nausea
- Drowsiness
- Vomiting
- Concentration issues
- Headache
- Loss of orientation to person, place, time
- Sensitivity to light or noise
- Fatigue
- Personality changes
- Feeling in a fog
- Poor balance/coordination
- Memory problems (prior to or after injury)
- Ringing in the ears
- Feeling slowed down
- Trouble sleeping
- Loss of Consciousness
- Vacant stare/glassy eye

**These symptoms can last a few hours to a few months depending on several factors: athlete, injury mechanism, degree of injury, proper follow up care.**

**Concussion Grade**

Grade 1 ______ Short term confusion, unsteady gait, dazed appearance, no amnesia
Grade 2 ______ Posttraumatic amnesia, vertigo, no loss of consciousness
Grade 3 ______ Posttraumatic retrograde amnesia, vertigo, no loss of consciousness
Grade 4 ______ Immediate transient loss of consciousness (Refer to Neuro)
Grade 5 ______ Paralytic coma, cardiorespiratory arrest (Activate EMS)
Grade 6 ______ Death (Activate EMS)

*Torg Guidelines*
** UM will recognize the following grading scale in determining the level of concussion

** Concussion Protocol

** Day 1 Injury

- **Same Day**
  - All symptoms clear within 15 minutes. No loss of consciousness.
  - Clearance from Certified Athletic Trainer following a normal neurological evaluation (SAC Test) and balance testing

- If symptoms do not resolve or if symptoms indicate a Grade 1+ - athlete will be withheld from play for the remainder of the day.
- Any player that experiences a loss of consciousness (Grade 4+) due to head trauma will be referred that day to the nearest medical facility for further evaluation.
- Any player who experiences a loss of consciousness will be held from participation for a minimum of seven days, until symptom free, and until cleared by a neurologist.
- Athlete will be checked either through phone or in person within 2-3 hours post injury to determine progression of symptoms, if any.
- Athlete will be given home instructions for care of symptoms.
- The athlete trainer will utilize the athlete’s parents or roommates to ensure compliance with home care instructions. The athlete will be instructed to return for evaluation to the athletic training room the following day.

** Day 2 +

- IMPACT/ SAC testing will be performed within 48-72 hours after initial injury has occurred.
- Athlete will be monitored for signs and symptoms of a concussion daily until a decision to return to play is formalized.
- If symptoms have not resolved:
  - An athlete’s professors will be notified via email
  - An athlete will not be allowed to attend practice/games until symptoms have resolved
  - The athlete will be instructed to return to their room and rest (no texting, playing on computer, no driving, no horseplay, no intramurals)
  - The athlete’s roommate will be notified to help the athletic training staff observe any signs and symptoms
  - The athlete’s coach will be notified via injury report
- If symptoms worsen the athlete will be referred to UM’s neurologist for further evaluation.

** Day 3 +

- If symptoms have not resolved or significantly decreased with 72 hours:
  - Athlete will be referred to UM’s neurologist for further evaluation.
  - At this point all return to play decisions will be determined by UM’s neurologist.
  - Athletes may be candidates for spinal manipulation in order to assist with alleviation of certain symptoms. The purpose of treatment with UM’s chiropractor is simply to alleviate certain symptoms that may be brought on from the initial trauma (neck muscle spasms, headaches due to alignment issues). The athletic trainer will make this decision at the time of injury. The chiropractor will not determine return to play.

** Return to Play Phase

** Athlete should not be taking any medications to assist with headache or balance.

** Athlete must wait a full 24 hours before moving on to the next step.

** Day 1 asymptomatic:

- Athlete will complete 20 minutes of balance training on the Wii
- Athlete will then complete concussion signs and symptoms checklist
If no symptoms, athlete will be allowed to progress through protocol
If symptoms return athlete will cease all aerobic activity

**Day 2 asymptomatic:**
If symptoms have not returned athlete will be allowed to:
- Athlete will complete 10 minutes of aerobic exercise on bike - level 4
- Athlete will complete 10 minutes of aerobic exercise on elliptical - level 4
- Athlete will complete 10 minutes of balance training on the Wii
- Athlete will then complete concussion signs and symptoms checklist
- If no symptoms, athlete will be allowed to progress through protocol
- If symptoms return athlete will cease all aerobic activity

**Day 3 asymptomatic:**
If symptoms have not returned athlete will be allowed to:
- Athlete will complete sports specific non-contact drills (for no longer than 1 hour) with a certified athletic trainer and with team. This may include weight training.
  - Softball/Baseball - throw, bat, field (no live pitching, base running, diving, sliding)
  - Soccer - small sided drills without contact (no heading, sliding)
  - Basketball/Volleyball - individual drills, technical work, dummy drills (no contact)
  - Track/XC/Tennis/Golf - limited play not to exceed 1 hour
  - Cheer - no stunting
- Athlete will then complete concussion signs and symptoms checklist
- If symptoms return, athlete will participate in Aerobic Exercise the next day and continue until Sports Specific Non-Contact Drills do not cause an increase in symptoms.

**Day 4 asymptomatic:**
Full contact criteria:
- No signs and symptoms of concussion based on concussion checklist
- Improvement of scores on IMPACT
- Improvement of scores on SAC/ BESS

By signing this form the student athlete acknowledges the above policies and procedures for handling concussions at the University of Mobile. Failure to inform an athletic trainer or coach of symptoms of a concussion is negligent and irresponsible on the part of the athlete.

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**Concussion Grading System and Symptom Checker**

Your concussion was listed as:

- Grade 1 ______ Short term confusion, unsteady gait, dazed appearance, no amnesia
- Grade 2 ______ Posttraumatic amnesia, vertigo, no loss of consciousness
- Grade 3 ______ Posttraumatic retrograde amnesia, vertigo, no loss of consciousness
- Grade 4 ______ Immediate transient loss of consciousness (Refer to Neuro)
- Grade 5 ______ Paralytic coma, cardiorespiratory arrest (Activate EMS)
- Grade 6 ______ Death (Activate EMS)
### Immediately following Head Injury (within 15 minutes of injury)

**Symptoms**

<table>
<thead>
<tr>
<th>Yes or No</th>
<th>Blurred vision</th>
<th>Yes or No</th>
<th>Inappropriate emotions (crying, anger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes or No</td>
<td>Dizziness</td>
<td>Yes or No</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Nausea</td>
<td>Yes or No</td>
<td>Concentration issues</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Vomiting</td>
<td>Yes or No</td>
<td>Loss of orientation to person, place, time</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Headache</td>
<td>Yes or No</td>
<td>Feeling in a fog</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Sensitivity to light or noise</td>
<td>Yes or No</td>
<td>Memory problems (prior to or after injury)</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Personality changes</td>
<td>Yes or No</td>
<td>Feeling slowed down</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Poor balance/coordination</td>
<td>Yes or No</td>
<td></td>
</tr>
<tr>
<td>Yes or No</td>
<td>Ringing in the ears</td>
<td>Yes or No</td>
<td></td>
</tr>
<tr>
<td>Yes or No</td>
<td>Trouble sleeping</td>
<td>Yes or No</td>
<td>Loss of Consciousness</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Vacant stare/glassy eye</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special Tests**

+ / - Rhomberg
+ / - Tandem Walk test (Heel toe)
+ / - Respiration (*Apnea)
+ / - Blood pressure (rapidly changing)
+ / - Pulse ( * > 150 bpm)
+ / - Test for retrograde amnesia (What, when, where)
+ / - Test for anterograde amnesia (Recall of Numbers)
+ / - Pupillary Response to light (*Pupillary changes)
+ / - Cranial Nerve function
+ / - Level of consciousness

---

### 24 hours after injury

**Symptoms**

<table>
<thead>
<tr>
<th>Yes or No</th>
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<th>Yes or No</th>
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<td></td>
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<td>Yes or No</td>
<td>Vacant stare/glassy eye</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special Tests**

+ / - Rhomberg
+ / - Tandem Walk test (Heel toe)
+ / - Pupillary Response to light (*Pupillary changes)
+ / - Cranial Nerve function
+ / - Test for retrograde amnesia (What, when, where)
+ / - Test for anterograde amnesia (Recall of Numbers)
+ / - Level of consciousness

---

### 24-48 hours after Injury

**Symptoms**

<table>
<thead>
<tr>
<th>Yes or No</th>
<th>Blurred vision</th>
<th>Yes or No</th>
<th>Inappropriate emotions (crying, anger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes or No</td>
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<td>Yes or No</td>
<td>Drowsiness</td>
</tr>
<tr>
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<td>Yes or No</td>
<td>Concentration issues</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Vomiting</td>
<td>Yes or No</td>
<td>Loss of orientation to person, place, time</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Headache</td>
<td>Yes or No</td>
<td>Feeling in a fog</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Sensitivity to light or noise</td>
<td>Yes or No</td>
<td>Memory problems (prior to or after injury)</td>
</tr>
</tbody>
</table>

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**Torg Guidelines**
### Yes or No
- Personality changes
- Feeling in a fog
- Poor balance/coordination
- Memory problems (prior to or after injury)
- Ringing in the ears
- Feeling slowed down
- Trouble sleeping
- Loss of Consciousness
- Vacant stare/glassy eye

### Special Tests
- + / - Rhomberg
- + / - Tandem Walk test (Heel toe)
- + / - Test for retrograde amnesia (What, when, where)
- + / - Test for anterograde amnesia (Recall of Numbers)
- + / - Pupillary Response to light (*Pupillary changes)
- + / - Cranial Nerve function

### 48-72 hours After Injury

<table>
<thead>
<tr>
<th>Yes or No</th>
<th>Blurred vision</th>
<th>Inappropriate emotions (crying, anger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes or No</td>
<td>Dizziness</td>
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</tr>
<tr>
<td>Yes or No</td>
<td>Personality changes</td>
<td>Feeling in a fog</td>
</tr>
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<td>Yes or No</td>
<td>Poor balance/coordination</td>
<td>Memory problems (prior to or after injury)</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Ringing in the ears</td>
<td>Feeling slowed down</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Trouble sleeping</td>
<td>Loss of Consciousness</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Vacant stare/glassy eye</td>
<td></td>
</tr>
</tbody>
</table>

### Special Tests
- + / - Rhomberg
- + / - Tandem Walk test (Heel toe)
- + / - Pupillary Response to light (*Pupillary changes)
- + / - Cranial Nerve function
- + / - Test for retrograde amnesia (What, when, where)
- + / - Test for anterograde amnesia (Recall of Numbers)
- Level of consciousness

** If athlete reports symptoms with blurred vision, dizziness, vomiting, headache, concentration issues, or memory problems after 72 hours post injury - refer to UM neurologist

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**UNIVERSITY OF MOBILE ATHLETIC TRAINING**

**Exit Interview**

Name __________________________ Sport ________________ Date: ______________
Please list **ANY** and **ALL INJURIES** that you are treating at the end of your participation in athletics at The University of Mobile. These injuries must be related to, or due to your participation in intercollegiate athletics while at the University of Mobile.

** According to University policies-

* This form is completed at the conclusion of every academic year and/or end of competing sports season.
* If an injury was not reported to an athletic training staff member or on this form the University of Mobile will assume that this injury was not a result of your participation in UM intercollegiate sports team.

Previous Injuries:

<table>
<thead>
<tr>
<th>Injury</th>
<th>Date</th>
<th>Recommendations/Comments</th>
<th>Athlete’s Initials</th>
<th>ATC’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations/Comments:

☐ YES ☐ NO  Is there any reason why you would like to be evaluated by The University of Mobile Physicians?

Status:

☐ Exit Without Restrictions  ☐ Further Evaluation Needed  Appointment With: ________________________________

Student:

I _______________________________ understand that once my athletic eligibility is exhausted or I am no longer an active participant in University of Mobile Athletics, I am unable to receive medical care and/or therapeutic rehabilitation by the Athletic Training staff and within the University of Mobile’s Athletic Training Room, unless continuing rehabilitation protocol as directed by Team Physicians for an injury/illness that occurred while I was participating in University of Mobile Athletics.

I, the undersigned, do hereby affirm that the information contained on this page and any attached pages is true and correct to the best of my knowledge, and that no information has been withheld pertaining to my past and present physical, mental, and injury status. I further attest that a member of the University of Mobile Athletic Training staff has discussed any physical findings and/or recommendations with me. I fully understand the recommendations and have had any questions answered to my satisfaction. If any information is false or omitted in reference to my past and/or present medical history, I fully understand and acknowledge that my health and/or physical welfare may be jeopardized as a result and that I may suffer physical harm.

__________________________  ____________________________  ____________________
Student Athlete Signature  ATC Signature  Date

Athlete was contacted by athletic trainer or coach and did not return to report any athletic related injury.

__________________________  Date Contacted
Athletic Trainer’s Signature

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**BLOOD BORNE PATHOGENS EXPOSURE PLAN**

In accordance with the OSHA standards, the following exposure plan has been developed for the University of Mobile Athletic Department and with consideration for the Master of Athletic Training Education Program:
Purpose
The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.

Exposure Determination
OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Athletic Training Building and the AT Lab, the following job classifications are thus categorized: Staff Athletic Trainers, Student Athletic Trainers, Physicians, Preceptors, and urine collection team for drug testing.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classification and associated tasks for these categories are as follows:

### EMPLOYEE POSITIONS WITH ANTICIPATED EXPOSURE

Positions listed here have an anticipated risk of exposure due to tasks or procedures occurring in the normal performance of duties.

<table>
<thead>
<tr>
<th>Position</th>
<th>Tasks/Procedures Causing Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Trainer, Full-Time Staff</td>
<td>Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials</td>
</tr>
<tr>
<td>Athletic Trainer, Faculty/Preceptor</td>
<td>Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials</td>
</tr>
</tbody>
</table>

### EMPLOYEE POSITIONS WITH POSSIBLE EXPOSURE

Positions in which employees may have occupational exposure are included on this list. Since not all individuals in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these employees to have occupational exposure are listed.

<table>
<thead>
<tr>
<th>Position</th>
<th>Tasks/Procedures Causing Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Manager</td>
<td>Potentially contaminated laundry</td>
</tr>
<tr>
<td>Head/ Assistant/ GA Coach</td>
<td>Potentially contaminated laundry</td>
</tr>
</tbody>
</table>

### STUDENT POSITIONS WITH ANTICIPATED/POSSIBLE EXPOSURE

Positions filled by students that have a risk of exposure to potentially infectious materials. Tasks or procedures that may cause exposure are listed, and an explanation of the student positions follow.

<table>
<thead>
<tr>
<th>Position</th>
<th>Tasks/Procedures Causing Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Trainer, Graduate Assistants</td>
<td>Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials</td>
</tr>
<tr>
<td>Athletic Training Students</td>
<td>Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment</td>
</tr>
</tbody>
</table>
and/or surfaces, handling of contaminated materials Work Study Students Cleaning of potentially contaminated equipment and/or surfaces

Team Manager- Full/Part-time Students Potentially contaminated laundry

Implementation Schedule and Methodology
OSHA also requires this plan to include a schedule and method of implementation for the various requirements of the standard. This plan will be reviewed at least annually and updated as necessary by the MAT Program Director and the Head Athletic Trainer. Copies of this plan are available (for review by any employee or athletic training student) in the following locations: MAT Athletic Training Policy and Procedure Manual, Intercollegiate Athletics Coaches Handbook, Jim and Dot Boothe Athletic Training Education Building, and Weaver Hall AT Lab.

The following complies with this requirement:

Compliance Methods
Universal precautions are observed in all aspects of the Jim and Dot Boothe Athletic Training Education building, Weaver Hall AT Lab, and all clinical sites in order to prevent contact with blood or other potentially infectious materials

Needles
- Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
- Use of a sharps container is required

Work Area Restrictions
- Employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
- Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are presented.

Specimens
- Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.
- All urine specimen collection for drug screening are labeled and identified. Collectors are required to wear gloves and wash hands between collections of specimen.

Universal Precautions
Must be practiced at event sites, home and away.
- a. Non-sterile gloves should be worn whenever contact with blood or body fluids, secretions or excretions are anticipated.
  - b. Gowns should be worn when soiling of clothing with blood or body fluid is anticipated.
  - c. Strict hand washing should be performed before and after any procedure. Always wash hands after removing gloves. (Liquid hand cleaner can be used when washing facility is unavailable)
  - d. When there is a situation in which a splatter with blood, bloody secretions, or body fluids is possible, protective eyewear such as goggles and a mask should be worn.
  - e. Needles, syringes, knife blades, should be disposed of in a rigid, puncture-proof container. Needles should not be recapped and should not be bent or broken by hand since accidental needle puncture may occur.
  - f. Extraordinary care should be taken to avoid accidental wounds from needles or other sharp instruments.
  - g. Whenever possible, a hazardous procedure and device should be substituted with one less risky or harmful.
  - h. Soiled linen and other laundry, which have become contaminated with blood or other body fluids, should be appropriately labeled and processed according to the policy regarding patients in isolation precautions.
  - i. Infectious waste should be disposed of according to the Athletic Training Policy.
  - j. Accidental Exposure Protocol - First Aid treatment, and appropriate referral to office of Occupational Health and Safety.
Contaminated Equipment

● The head athletic trainer, assistant athletic trainers, and equipment managers shall ensure that equipment, which has been contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

● All personal protective equipment used at this facility will be provided without cost to employees.
● Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
● The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
● Each athletic training room and equipment area will have disposable gloves, gowns, and goggles for staff usage.
● The athletic training staff shall ensure that the employee uses appropriate personal protective equipment, unless the supervisor demonstrates that the employee temporarily and briefly declined to use personal protective equipment.
● Only under rare and extraordinary circumstances, in the employee’s professional judgement that this specific instance would prevent the delivery of health care or pose an increased hazard to the safety of the worker or co-worker may an employee not use appropriate personal protective equipment. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
● Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

The following items will be made available to persons providing service in the athletic training room:
1. latex examination gloves
2. goggles
3. CPR mouth shields/masks
4. face masks
5. cleaning/utility gloves

Items that will be made available to persons with duties in the athletic laundry rooms:
1. cleaning/utility gloves

Personal Protective Equipment Cleaning, Laundering, and Disposal

● All personal protective equipment will be cleansed, laundered, or disposed of by the employer at no cost to the employees.
● All repairs and replacements will be made by the employer at no cost to the employees.
● All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible.
● All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
● The contaminated clothing is to be placed in a designated bag and washed accordingly.

Gloves

● Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.
● Disposable gloves used at these facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Eye and Face Protection

● Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Situation at these facilities that would require such protection are listed in the following table.
Protective Equipment for Tasks Involving Potential For Exposure to Blood borne Organisms

<table>
<thead>
<tr>
<th>Task</th>
<th>Hand Washing</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting with incision and draining of wound</td>
<td>X</td>
<td>X</td>
<td>S</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Physical assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emptying emesis basins</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying pressure to control bleeding</td>
<td>X</td>
<td></td>
<td>S</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Emptying trash</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collecting urine, wound specimens</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning up spills of blood &amp; body substance</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying topical ointment</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs - oral temperature, pulse, respiration, blood pressure</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal temperature</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning surfaces contaminated by blood &amp; body substances</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine dressing changes and wound care</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing changes for wounds with large amounts of drainage</td>
<td>X</td>
<td>X</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound irrigation</td>
<td>X</td>
<td>X</td>
<td>S</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Burn dressing changes</td>
<td>X</td>
<td>X</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suture or staple removal - wound with drainage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing removal</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound packing</td>
<td>X</td>
<td>X</td>
<td>S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KEY: X - routinely, S - if soiling likely, and splattering likely, ++ - optional

Housekeeping
The facility will be cleaned and decontaminated according to the following schedule:

<table>
<thead>
<tr>
<th>Area or Equipment</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment tables</td>
<td>Daily</td>
</tr>
<tr>
<td>Whirlpools</td>
<td>Daily</td>
</tr>
<tr>
<td>Ceramic tile floors</td>
<td>Daily</td>
</tr>
<tr>
<td>Laundry</td>
<td>Daily</td>
</tr>
<tr>
<td>General areas</td>
<td>PFN</td>
</tr>
<tr>
<td>Blood spills</td>
<td>PFN</td>
</tr>
</tbody>
</table>

A small sample of decontamination cleaning materials include: Disinfectant Germicidal Cleaner, Tide Laundry Detergent, Parsons Ammonia, Pine Oil Cleaner, End Bac II (Johnson Disinfectant Deodorant Spray), Fantastik Spray Cleaner, Disinfectant Toilet Bowl Cleaner, Isoquin Germicidal Hand Wash (Cramer Products), Industrial Scouring Powder, and hypochlorite liquid bleach.

Cleaning of Work Surfaces
- All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift.
- All table and counter top surfaces will be cleaned with a disinfectant.
- All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular daily basis.
- Any broken glassware that may be contaminated will not be picked up directly with the hands. Dustpans and hand brooms should be used.
Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Whirlpool Cleaning

- An antiviral/fungal/bacterial cleaning solution (ex. Whizzer) will be used to clean hydrotherapy equipment on a daily basis.
- During normal operation a water soluble, chlorinated cleaning agent (ex. Hydro-Chlor) will be used to decrease risk of contamination both during and between patient uses. Prior to patient use, the whirlpool will be filled to operational level and the appropriate amount of cleaning agent will be dissolved into the water.
- When the whirlpool is emptied, the sides and bottom will be cleaned using an antiviral/fungal/bacterial cleaner.
- On a weekly basis, or more frequently if needed, the antiviral/fungal/bacterial cleaning solution will be run through the agitator. The agitator will be placed in a bucket containing a mixture of the solution and the motor will be run for 10 minutes. Following this, the agitator will be rinsed by placing it in a bucket of water and running it for 5 minutes.

Regulated Waste Disposal

a. Disposable Sharps

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on both sides and bottom and labeled or color coded.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).
- The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

b. Other Regulated Waste

- Regarding gloves, gauze, human tissue, etc. -- each athletic training facility will have a covered waste container lined with a biohazardous trash bag. Materials contaminated with blood, exudates, secretions, body fluid wastes, or other infectious materials are to be placed in these covered containers. Grossly soaked towels will be discarded in a biohazard bag.
- Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations.

Laundry Procedure

- Laundry contaminated with blood or other potentially infectious material will be handled as little as possible.
- All athletic staff will be properly instructed on the procedures for handling contaminated equipment. A note should also be made to properly dispose of contaminated dressings removed following physical activity.
- Those staff members responsible for implementation and enforcement of those procedures include head athletic trainer, assistant athletic trainers, and equipment manager. Such laundry will be placed in an appropriately marked biohazard labeled bags available from the equipment staff. Laundry in these bags will not be sorted or rinsed in the area of use.
- Soiled linens include towels, uniforms, socks, jocks, etc. and are handled in such a manner as to protect the laundry room staff from inadvertent exposure to any organism contained in the soiled items, although the risks of disease transmission through soiled linens is negligible. Players should handle their own dirty laundry items as much as possible.
- Linens washed in hot water with detergent or cool water with germicide will be decontaminated during laundering.
- It is suggested that gloves and gowns be worn when handling soiled linen.
• Linen with moderate amounts of blood or body fluid contamination may be placed in the normal laundry bag.

Post Exposure Evaluation and Follow-Up
All exposure incidents shall be reported, investigated, and documented. When the employee or student incurs an exposure incident, it shall be reported to the Department of Occupational Health. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements identified by the Department of Occupational Health.

a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infection. If consent is not provided, the head athletic trainer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the result documented.
d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBVC and HIV serological status will be in compliance with accepted federal standards as directed by the Department of Occupational Health.

a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
b. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV or HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees/students who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the Office of Occupational Health.

Labels and Signs
• Athletic training staff and equipment staff shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials.
• Additionally, these staff persons will insure proper information is disseminated to visiting teams and ample supplies are available in visiting team locker room areas to implement the practice of Universal Precautions.
• The universal biohazard symbol shall be used. The label shall be orange or red screened on laundry bags for handling contaminated clothing.
• Red bags or containers may be substituted for labels.
• However, regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction. Information and Training

Training
The athletic training staff shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

a. A copy of the standard and an explanation of its contents
b. A discussion of the epidemiology and symptoms of blood borne diseases
c. An explanation of the modes of transmission of blood borne pathogens
d. An explanation of the Blood borne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy
e. The recognition of tasks that may involve exposure
f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and personal protective equipment (PPE)
g. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE
h. An explanation of the basis of selection of PPE
i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge
j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
l. Information on the evaluation and follow-up required after an employee exposure incident
m. An explanation of the signs, labels, and color-coding systems
   ● The person conducting the training shall be knowledgeable in the subject matter.
   ● Employees and students who have received training on blood borne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered.
   ● Additional training shall be provided to employees and students when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Record keeping
   ● The Occupational Health and Safety Office, with assistance from the athletic training staff is responsible for maintaining medical records as indicated below. These records will be kept at the Occupational Health and Safety Office.
   ● Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20.
   ● These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.
The records shall include the following:
a. The name and social security number of the employee
b. A copy of the employee's HBV vaccination status, including the dates of vaccination
c. A copy of all results of examinations, medical testing, and follow-up procedures
d. A copy of the information provided to the healthcare professional, including a description of the employees' duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure
NOTE: For OSHA 200 Record keeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets requirements.

Training Records
The head athletic trainer is responsible for maintaining the following training records. These records will be kept in the athletic training room for athletic training staff and the Program Director will house the athletic training students records in their subsequent folders. Training records shall be maintained for three years from the date of training. The following information shall be documented:
a. The dates of the training sessions
b. An outline describing the material presented
c. The names and qualifications of persons conducting the training
d. The names and job titles of all persons attending the training sessions

Evaluation and Review
The athletic training staff and equipment staff are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

Guidelines for Infectious Waste Disposal
In the Athletic Training Room

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Regular Wash</th>
<th>Sharps Container</th>
<th>Biohazard Bag</th>
<th>Toilet/Sink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle, syringe, scalpel</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Urine containers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol wipes, used dressings or gauze</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tongue depressors, throat swabs</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Containers of blood, blood products and potentially infectious body fluids (synovial fluid, blood or any fluid contaminated with blood) | X |
Broken glass, glass ampules, or sharp objects | X |
Gloves, if not contaminated | X |

NOTE: Broken glass or sharp objects that are not contaminated and are not of medical origin should be placed in a rigid, puncture resistant container and disposed of in regular trash.

University of Mobile Athletic Emergency Action Plan

Purpose:

1. Provide immediate direct medical care during practices and games to any injured UM athlete and activate the emergency action plan if catastrophic incident occurs.
2. Assist with scene management during an emergency medical event including coordinating with EMS, fire, and police as appropriate.
3. Direction of EMS to scene.
4. Make return to play decisions for UM injured athletes based upon physician orders and/or current standards of practice.
5. Serve as a liaison between visiting certified athletic trainers and UM’s medical resources.
6. Serve as a medical care provider to visiting teams traveling without a certified athletic trainer including return to play decisions.
7. Make referral decision concerning injured athletes.
8. Communicate with other healthcare organizations providing direct care to the injured athlete.
9. There shall be at least 1 trained individual at all practices, competitive events, and conditioning skills sessions.

Procedures for Emergency Personnel: Certified Athletic Trainers and CPR Certified Coaches

** In the event that an ATC is not available on-site at a specific practice or event, the head coach and/or designee shall perform the duties listed below:

Steps in an Emergency

** Step 1. Check the victim for unresponsiveness.** Tap and shout, “Are you OK?”

Unresponsive and Breathing
Lay the victim on their left side- and monitor them until EMS arrives

Unresponsive and NOT breathing- treat as an emergency

** Step 2: Call 911**
Follow directions of EMS or dispatcher on the phone then…

** The athletic trainer or a member of the athletic department will activate EMS and notify UM campus police.

a. Identify yourself and your role in the emergency
b. Specify your location and telephone number (if calling by phone)
c. Give name(s) of injured/ill athlete(s)
d. Give condition of injured/ill athlete(s)
e. Give time of accident
f. Give care being provided
g. Give specific directions to the scene of the emergency
h. Do not hang up until directed to do so by the EMS dispatcher
i. Notify Campus Security at 251-510-4273
j. Have a designated person notify the athletic training staff immediately
   Jake- 601-517-5011

** Campus police will need your exact location and what to do when the ambulance arrives
** Once both calls are made- hang up and assist with the emergency as needed.
** Game officials and UM assigned game managers will assist with crowd control.

**Step 3. PUMP – CHEST COMPRESSIONS:**

**Position on back, on a flat, firm surface**

**Chest compressions- Push hard and fast**
   a. Place the heel of your hand in center of the chest and the other hand on top with fingers interlaced
   b. Push down on the chest at least 2 inches
   c. Push at a rate of 100 per minute
   d. Give 30 compressions without interruption unless AED arrives
   e. keep going if the person is still not responding, moaning, or has a sign of life.

**Step 4: Open the airway.**

**Airway**

Open the victim’s airway using the head tilt chin lift
Breathing

Pinch the victim’s nose and form a seal over the mouth.
Give 2 breaths that make the chest rise
Each breath should last 1 second

Step 5. PUMP – CHEST COMPRESSIONS AGAIN!
Continue to give 30 chest compressions and then 2 breaths until help arrives, person has a sign of
life or the AED is ready to use.

** The pulse check is no longer taught or expected of laypersons, Just
Healthcare Providers.
Things to Control as a Responder

The scene

- Open locked gates for access of ambulance
- Notify security to lead ambulance to scene
- Limit scene to first aid providers and move bystanders away from area

Emergency Equipment (On campus)
Appropriate emergency equipment will be on site or readily available for retrieval from the designated area at each athletic venue for all practices and competitions. All assigned emergency care personnel should be aware of the location and function of all emergency equipment. Supplies include:

- First aid supplies (medical bag) with breathing device (airway CPR shields)
- Blood Bourne Pathogen Supplies (small spill kit bags with gloves, mask, alcohol solution etc)
- Vacuum Splints
- Crutches
- Automatic External Defibrillator (AED) (fully automated portable unit kept with emergency equipment)

**One Automated External Defibrillator is located in the main athletic training room and one in the gym athletic training room. AED’s are present at all home games.**

**O2 supplementation is available within the gym training room and in each AED backpack.**

**Every head and assistant coach undergoes CPR and AED training every 2 years for re-certification. All cards are on file in the athletic training office.**

Emergency Equipment (Off campus)
It is the responsibility of the coach that secures a game, practice, or conditioning event off campus to secure a medical kit, insurance folder for athletes, medications needed, and emergency equipment (including an AED). This also includes water and cups availability. In terms of off campus sites err on the side of caution for all activities and constantly evaluate the safety of the area and situation.
Support Personnel

In the event of a catastrophic injury:
1. Athletics Director
   • Notifies or is notified by the head athletic trainer of a catastrophic injury.
   • Notifies University Vice President of Athletics and University President.

2. Vice President of Athletics or Senior Vice President and Provost
   • Notifies or is notified by the head athletic trainer of a catastrophic injury.
   • Enacts any catastrophic injury procedures for the university
   • Notifies legal counsel
   • Notifies university spokesperson
   • Coordinates media plan with sports information director, athletics director, head athletic trainer, head coach, and university spokesperson. No release of information can be made until parents/guardians have been notified.

3. Game Officials
   - Assist in keeping the area around the injured athlete clear of individuals not directly involved in the injury management process.

4. Certified Athletic Trainers
   - Assist with the emergency

Emergency Phone Numbers
UM Campus Police.......................................................251-510-4273
Prichard Police..........................................................251-452-2211
Mobile County Sherriff.................................................251-574-2423
Prichard Fire Department..............................................251-452-7817
Jake Lewis, Head Athletic Trainer ...............................601-517-5011
Mike Jacobs, Athletic Director......................................251-786-4000

Directions to Nearby Hospitals
USA Med Center- Level 1 Trauma Center
   2451 Fillingim Street
   Mobile, AL 36617
   (251) 471-7000

Mobile Infirmary Hospital
   5 Mobile Infirmary Cir, Mobile, AL 36607
   (251) 435-2400

I-65 South to Springhill Ave
   From exit ramp go right about 5 miles
   Hospital is on the left

Athletic Venues and Access

Tennis Courts- access from main entrance on west side of complex. Star indicates entrance
Gym- Back door access allows EMS no stairs. Star indicates entrance
Softball Field- access can be gained from right field area. Star indicates entrance

Soccer Field- Gates at west end of the field. (Gates must be unlocked if going to practice area). Star indicates entrance

Baseball will enter through Left field entrance. Star indicates entrance.
University of Mobile
Implementation Procedure for Drug, Alcohol & Controlled Substances Testing Policy for Intercollegiate Athletes

Purpose of Program

- To provide a deterrent to the use, misuse, and abuse of recreational and performance enhancing drugs.
- To provide a safer environment for participation in intercollegiate athletics.
- To provide information about the effects of drug and drug abuse.
- To ensure fair and equitable competition for all student-athletes competing in intercollegiate athletics.
- To maintain appropriate standards of behavior and ensure the integrity of the student-athlete and the University of Mobile.

Policy

- Each year all student-athletes must sign the current Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes Acknowledgment and Consent Form (the “Acknowledgment and Consent Form”) before participating in intercollegiate athletics at the University of Mobile. The Acknowledgment and Consent Form must be signed before the student-athlete can attend any team practice or participate in any intercollegiate sporting event for that year. The failure to complete and sign the Acknowledgment and Consent Form will result in the student-athlete being prohibited from attending or
participating in team practices and intercollegiate competitions and may result in the student-athlete losing any athletic scholarships or aid he or she may be receiving. The current version of the Acknowledgment and Consent Form is located on the last page of the Student-Athlete Handbook, and the policy may be amended with or without notice at the sole discretion of the University. This policy is not to be construed as a contract between the college and the student-athletes at the University of Mobile. However signed consent and notification forms shall be considered affirmation of the student-athletes agreement to the terms and conditions contained in this policy. (Appendix A- Drug and Alcohol Acknowledgement and Consent Form)

- By signing the University of Mobile Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes Acknowledgment and Consent Form the student-athlete:
  - Acknowledges that he/she understands the need to disclose all nutritional supplements used to the head athletic trainer.
  - Acknowledges the policies and procedures outlined here and the student-athlete handbook, and fully accepts the detrimental and possibly permanent defects caused by the use of banned substances.
  - Fully accepts that they have been made aware of the University of Mobile policies with regard to the use of banned substances.
  - Accepts any and all liability if they have in the past used, continue to use, and/or use at anytime in the future, banned substances in any form; and releases the University of Mobile, its agents and all personnel of any and all responsibility and liability related to such use.
  - This policy is separate and distinct from the NAIA drug testing policy.

- The University may conduct unannounced, random drug and alcohol tests of intercollegiate student-athletes at any time. All student-athletes, including red-shirts, medical red-shirts, student-athletes who are academically ineligible, and student-athletes who have exhausted athletic eligibility but are still receiving financial aid, can be tested at any time during the academic year or when team practice is ongoing.

- The University may also conduct suspicion-based drug and alcohol tests, postseason championship screening, re-entry testing, follow-up testing, and pre-season screening of student-athletes who the University reasonably suspects of using a banned substance or of the illegal or unauthorized use or abuse of alcohol. The coaching staff, an athletic department staff member athletic trainer, or strength coach may be aware of certain signs, symptoms, or changes in behavior that may cause him or her to suspect substance abuse. These staff members have a duty to report any suspicions to either the Drug Testing Coordinator or Athletic Director. Reasonable suspicion will be based on the UM reasonable suspicion reporting form located within this policy (Appendix B- Drug Testing Reasonable Suspicion Reporting Form).

- The University may test for any banned drug or substance, for alcohol, and for any evidence of tampering with any sample or manipulating or attempting to manipulate any drug or alcohol test.

Selection and Notification Process

- Each student-athlete selected for testing shall be notified in writing, by e-mail, text, or in-person by a member of the athletic department staff no more than 24 hours prior to
the test. If notification of testing occurs via text or phone the Student Athlete Notification Form will be signed on the day of testing. Please understand that signing the notification form is in essence the same process as being notified by phone or email and any of the above is sufficient. If the person is notified in person the student-athlete selected for testing shall read and sign the Student-Athlete Notification Form and the time and date of notification shall be recorded. Regardless of the type of notification instructions for the student-athlete will be provided to follow prior to arriving at the testing site as well as the deadline by which they must report to the testing site. (Appendix C- Drug and Alcohol Testing Program Student Athlete Notification Form). Failure to follow the instructions on the Notification Form will be treated as a positive test result for street drugs.

- During a random drug and/or alcohol test, one or more student-athletes from each of the teams/sport categories will be randomly selected for testing. Suspicion-based tests may be administered at the same time as a random test or at any other time. The university does not have to disclose at the time of testing if the student athlete is suspicion based or random.
- Student-Athletes can confess to the presence of certain banned substances in their system, and such a confession will be treated as a positive test result for such confessed substances, but the University can still require the student-athlete to be tested for other substances.

Procedure for Collection of Urine

Once a student-athlete signs into the testing facility on the day of their test, there is a 3 hour time frame in which to submit a valid sample. If the testing lab, in its judgment, is unable to analyze the sample due to dilution, the sample will be rejected and the student-athlete will have the remaining time from when they signed in, if any, to submit a valid sample. Any samples submitted at the 3-hour mark will be submitted “as is”.

- The current Testing Protocol is available at the Athletic Department and online within the Student-Athlete Handbook. Upon request by the student athlete, a copy of the testing protocol will be available at the collection station. The Testing Protocol may be amended from time to time, with or without notice, at the sole discretion of the University and its outside contractor performing the testing. (Appendix D Sample Collection Procedures)

Testing of Samples and Positive Test Results

- The presence in a student-athlete’s urine of a banned substance, and/or a metabolite of a banned substance, will be treated as a positive test result (Appendix H Banned Substances)
- The presence of a banned substance and/or a metabolite of a banned substance will be determined by analysis of the student-athlete’s urine and confirmed by liquid chromatography/mass spectrometry.
- A student-athlete will also be deemed to have a positive test result for street drugs and non-street drugs in any one of the following circumstances:
  - failure without justification to sign the Drug and Alcohol Acknowledgement and Consent Form
  - failure without justification to sign the Drug and Alcohol Testing Program Student- Athlete Notification Form
failure without justification to arrive at the collection station at or by the designated time

Notification of Test Results

- The results of a positive test will be relayed from the Drug Testing Coordinator to the Athletic Director and the Office of Student Life.
- The student-athlete will be informed by a staff member within the Office of Student Life department. (Appendix E Standard Violation and Sanctions Hearing Notification)
- Formal notice of sanctions will be provided in writing and in person to the student-athlete against whom sanctions are being imposed. This meeting will normally consist of the Vice President for Student Life, Athletic Director, Drug Testing Coordinator, athlete’s coach, and the student-athlete. (Appendix E Standard Violations and Sanctions Summary).
- The University will strive to maintain the confidentiality of the results of all positive test results. Only the following persons will be notified by the University of a positive test result: the student-athlete, the Vice President of Student Life, the Athletic Director, the head coach of the student-athlete; the parent(s) or legal guardian(s) of the student-athlete, and University counselors or therapists (if any). If appeals of sanctions are filed, additional University officers, employees, contractors, and agents may be informed as needed to administer this program.
- If a student-athlete is found in violation of the University of Mobile Student Handbook they will be referred to the Office of Student Life to discuss the violation and next steps related to discipline sanctions. In addition to the sanctions imposed for misconduct as stated in the University of Mobile Student Handbook, student-athletes may also receive further Athletic Department specific sanctions outlined in the Student Athlete Handbook.

Sanctions

Alcohol Policy

- The University prohibits the illegal use of alcohol by its student-athletes, such as underage drinking.
- The University also prohibits any student-athletes from possessing, consuming, using, selling, transferring or being under the influence of alcohol on school property or school grounds, on athletic road trips, at school functions, and prior to or during athletic practices or competitions.
- The University further prohibits the abuse of alcohol, such as public drunkenness, by its student-athletes. This includes alcohol-related behaviors such as DUI/DWI, underage drinking, or possession, or drunk or disorderly conduct.

A student-athlete who violates this policy and/or is deemed to have a positive test result with regard to alcohol will be subject to the following sanctions:

First offense-through the Office of Student Life
- **Fine** of $100,
- **Educative Sanctions** including the completion of a 4 hour Drug and Alcohol Awareness Course at the student’s expense and 3 hours of staff mentoring assigning the student to a staff member for accountability and tasks, assignments or experiences which a student is obligated to complete,
- 10 hours of **Campus Service**, and
- **Disciplinary Probation** which implies that the individual’s standing within the University is in jeopardy and that further negligent or willful violations will normally result in immediate suspension or expulsion.

In addition to sanctions from the Office of Student Life the following sanctions will be enforced through the Athletic Department:

- Suspension from competition for the next available two weeks of the student-athletes respective sport.
- Eligibility for practice and athletic aid will be retained.
- If the student athlete is under the age of 21 years of age, the athletic director or designee shall notify the student-athlete’s parent(s) or legal guardian(s) and head coach.
- In addition, the student-athlete will automatically be tested at the next random testing date, and may be automatically tested at one or more other random testing dates.

**Second offense- through the Office of Student Life**

- **Fine** of $200,
- **Educative Sanctions** including the completion of an 8 hour Drug and Alcohol Awareness Course at the student’s expense,
- 20 hours of **Campus Service**, and
- **Disciplinary Probation** which implies that the individual’s standing within the University is in jeopardy and that further negligent or willful violations will normally result in immediate suspension or expulsion.

In addition to sanctions from the Office of Student Life the following sanctions will be enforced through the Athletic Department:

- Suspension from competition for the remainder of the academic semester.
- Eligibility for practice and athletic aid will be retained.
- If the student athlete is under the age of 21 years of age, the athletic director or designee shall notify the athlete’s parent(s) or legal guardian(s) and head coach.
- In addition, the student-athlete will automatically be tested at every subsequent random testing date for so long as the student-athlete intends to participate in intercollegiate sports. This testing will be at the student-athlete’s expense.

**Third offense- through the Office of Student Life**

- **Disciplinary Dismissal** permanently removing the student from the University of Mobile. Once a student has been dismissed, he or she is not eligible for readmission.
Disciplinary dismissal is permanently recorded on the student’s academic record maintained by the Registrar’s Office.

Non-Street Drug Policy

- The University prohibits any student-athletes from possessing, consuming, using, selling, transferring or being under the influence of any non-street drug on school property or school grounds, on athletic road trips, at school functions, and prior to or during athletic practices or competitions.

A student-athlete who violates this policy and/or who is deemed to have a positive testor who is found in possession of any banned substance that is not in the “Street Drug” (Appendix H- Banned Drugs) class of banned substances will be subject to the following sanctions:

** Each intercollegiate athletics team may have policies, as determined by the head coach in that sport, stricter than the Athletics Department policy. In no case can a team policy be less
severe than the Departmental policy.

**First offense- through the Office of Student Life**
- **Fine** of $250,
- **Educative Sanctions** including the completion of an 8 hour Drug and Alcohol Awareness Course at the student’s expense, 3 hours of staff mentoring assigning the student to a staff member for accountability and tasks, assignments or experiences which a student is obligated to complete,
- 30 hours of **Campus Service**, and
- **Disciplinary Probation** which implies that the individual’s standing within the University is in jeopardy and that further negligent or willful violations will normally result in immediate suspension or expulsion.

In addition to sanctions from the Office of Student Life the following sanctions will be enforced through the Athletic Department.
- Suspension from all competition for a minimum of 10% of the regular scheduled games. If the current season will not satisfy this requirement the sanctions will be carried over to the following year. The athlete will still be allowed to attend practices and meetings during this time.
- If the student athlete is under the age of 21 years of age, the athletic director or designee shall notify the student-athlete’s parent(s) or legal guardian(s) and head coach.
- The student-athlete will automatically be tested at the next random testing date and may be tested at one or more random testing dates at his or her own expense.

**Second offense- through the Office of Student Life**
- **Disciplinary Suspension** separating the student from the University for the remainder of the semester (and/or the following semester if the violation occurs in the last month of the semester). This prohibits attendance at any classes, social events or other functions, and visiting University grounds or buildings unless by written permission. A suspension will be recorded on the student’s transcript until suspension expires. Suspensions may be indefinite.

In addition to sanctions from the Office of Student Life the following sanctions will be enforced through the Athletic Department.
- Disciplinary Suspension as per Student Handbook
- If the student athlete is under the age of 21 years of age, the athletic director or designee shall notify the athlete's parent(s) or legal guardian(s) and head coach.
- In addition, the student-athlete will automatically be tested at every subsequent random testing date for so long as the student-athlete intends to participate in intercollegiate sports. All testing at the student-athlete’s expense.

**Third Offense- through the Office of Student Life**
Disciplinary Dismissal permanently removing the student from the University of Mobile. Once a student has been dismissed, he or she is not eligible for readmission. Disciplinary dismissal is permanently recorded on the student’s academic record maintained by the Registrar’s Office.

Street Drug Policy

- The University prohibits any student-athletes from possessing, consuming, using, selling, transferring or being under the influence of any street drug on school property or school grounds, on athletic road trips, at school functions, and prior to or during athletic practices or competitions. Any of the above issues will constitute a violation of this policy and be subjected to sanctions.

- A student-athlete who violates this policy and/or who is deemed to have tested positive, or who has been found in possession of any banned substance in the “Street Drug”
(Appendix H Banned Drugs) class of banned substances will be subject to the following sanctions (even if the substance is also within another class of banned substances):

** Each intercollegiate athletics team may have policies, as determined by the head coach in that sport, stricter than the Athletics Department policy. In no case can a team policy be less severe than the Departmental policy.

** First offense- through the Office of Student Life
- Fine of $250,
- **Educative Sanctions** including the completion of an 8 hour Drug and Alcohol Awareness Course at the student’s expense 3 hours of staff mentoring assigning the student to a staff member for accountability and tasks, assignments or experiences which a student is obligated to complete,
- 30 hours of **Campus Service**, and
- **Disciplinary Probation** which implies that the individual’s standing within the University is in jeopardy and that further negligent or willful violations will normally result in immediate suspension or expulsion.

** Second offense- through the Office of Student Life
- **Disciplinary Suspension** separating the student from the University for the remainder of the semester (and/or the following semester if the violation occurs in the last month of the semester). This prohibits attendance at any classes, social events or other functions, and visiting University grounds or buildings unless by written permission. A suspension will be recorded on the student’s transcript until suspension expires. Suspensions may be indefinite.

In addition to sanctions from the Office of Student Life the following sanctions will be enforced through the Athletic Department:
- Disciplinary suspension as per Student Handbook
- If the student athlete is under the age of 21 years of age, the athletic director or designee shall notify the athlete's parent(s) or legal guardian(s) and head coach.
- In addition, the student-athlete will automatically be tested at every subsequent random testing date for so long as the student-athlete intends to participate in
intercollegiate sports. All testing at the student-athlete’s expense.

**Third Offense- through the Office of Student Life**

- **Disciplinary Dismissal** permanently removing the student from the University of Mobile. Once a student has been dismissed, he or she is not eligible for readmission. Disciplinary dismissal is permanently recorded on the student’s academic record maintained by the Registrar’s Office.

**Appeal Process**

A student wishing to appeal the discipline sanction decision must do so in writing via a written letter and via the Disciplinary Sanction Appeal Form **within 24 hours of the original sanctioning decision**. These documents should be submitted to the Vice President for Student Life (or designees) and will be reviewed by the appropriate member of the student discipline process. All sanctions remain in effect until otherwise noted as a result of the appeal. It is the student’s responsibility to ensure that the all appeal documentation was received.

Appeals will normally be considered only when:
- there is relevant new information that was not available at the time of the original hearing and the introduction of the information could substantially impact the original finding;
- there was a substantial procedural error that may have significantly affected the decision;
- if the sanctions are substantially disproportionate to the severity of the violation.

**Guidelines for Writing a Letter of Appeal**

The letter must include:

1. Names of the parties involved
2. Clear statement of the nature of the appeal consisting of one or more of the reasons listed above.
3. A narrative of the incident including:
   (a) Why it occurred
   (b) How it occurred
   (c) Where it occurred
   (d) Who was present
   (e) The information on which the appeal is based
4. The desired outcome

Upon receipt of a student appeal, the Vice President of Student Life (or designees) will forward the written appeal along with any other appropriate information to the Faculty Discipline Committee that will review the request for appeal. The Vice President of Student Life (or designees) will notify the student in writing of the decision. If the appeal cannot be considered within one week of the appeal request, the Vice President of Student Life (or designees) will notify the student. Decisions of the Faculty Discipline Committee may be appealed to the President of the University within 24 hours of the Faculty Discipline Committee decision. A decision of the President is not subject to further appeal.

“A positive is a positive,” defenses such as passive inhalation, being in the company of
people using drugs, or someone putting something in a drink will not be accepted by the panel. It is not the role of the panel to determine how a substance entered a student-athlete’s system. If a student-athlete tests positive for a prescription medicine, it will be considered a positive result unless the student-athlete has a doctor’s current prescription in his/her own name.

Exceptions

- The list of banned-drug classes is comprised of substances that are generally reported to be performance enhancing and/or potentially harmful to the health and safety of student-athletes. The University recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the University may allow an exception to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The student-athlete must declare the use of the substance by presenting documentation on the pre-participation exam each year.
- Procedure for seeking and granting exceptions:

If alternative, non-banned medications for the treatment of various conditions exist, these should be considered before an exception is pursued.

- A student-athlete who wants to apply for an exception must provide a written letter from the student-athlete’s treating physician diagnosing and explaining the student-athlete’s condition or need for the drug, the course of treatment prescribed, the medication prescribed and the dosage of the same, and an analysis of the student-athlete’s ability to safely practice, train and compete in the sport(s) in which the student-athlete intends to compete. The student-athlete’s medical history should also be provided.

This information will be considered by the Athletic Director or his or her designee who may request additional information or documentation he or she deems necessary in evaluating the request.
- If the Athletic Director or his or her designee is satisfied of the following, he or she may grant the exception: (1) that the student-athlete has a true medical condition that requires treatment by a banned drug; (2) that a banned drug has been properly prescribed by the student-athlete’s treating physician; (3) that there are no alternative, non-banned drugs that can be used by the student-athlete to treat his or her condition; (4) that the use of the banned drug in combination with practice, training or participation in the particular sport will not unreasonably endanger the student-athlete; and (5) that the banned drug prescribed by the physician is in one of the following classes of banned drugs: stimulant, beta blocker, diuretic or peptide hormone.
- Student-athletes with one or more exceptions may still be tested. In the event that a student-athlete is tested and tests positive for only those banned substances for which the student-athlete has an exception, such positive test result will be treated as a negative test result for enforcement and disciplinary purposes. If a student-athlete who has certain exceptions tests positive for banned substances for which he or she does not have an exception or if the student-athlete fails to otherwise comply with the University’s Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes and the Implementation Procedure and Testing Protocol for the same, that student-athlete will be subject to the same
enforcement and disciplinary actions as if he or she had no exceptions.

- Requests for exceptions will be reviewed by the Athletic Director whose determination will be final, and requests for exceptions may be denied if not deemed to be in the best interest of the University, the student-athlete, or the other team members, coaches or staff.

**Safe Harbor Program**

A student-athlete can voluntarily request substance abuse evaluation and treatment without being subject to sanctions listed for positive test results, but a student-athlete is **NOT** eligible for the Safe Harbor Program:

1. More than 1 time
2. After he or she has received a Notification of Testing
3. After testing positive
4. After being found in possession of any banned substance (alcohol, street, or non-street drug)
5. After being arrested, detained or other documented involvement in alcohol-related behaviors such as DUI/DWI, underage drinking, or possession, or drunk or disorderly conduct.

- The Drug Testing will work with the student to prepare a Safe Harbor treatment plan, which may include confidential drug testing at the student-athlete’s expense. The student-athlete will be tested for banned substances upon entry into the Safe Harbor Program and such a positive initial test will not result in any administrative sanctions except those listed in this section (i.e. the team physician may suspend the student from play or practice if medically indicated). A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan.

- If a student-athlete is determined to have new banned substance use and/or alcohol use after the initial Safe Harbor Program test (as determined by follow-up testing), or fails to comply with the Safe Harbor Program treatment plan, the student-athlete will be removed from the Safe Harbor Program and be subject to appropriate disciplinary actions as detailed in the University of Mobile’s alcohol, drug, and substance abuse policy and University of Mobile Student Handbook.

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- Entering the Safe Harbor Program will be treated as one of the disciplinary action phases and any positive test indicating new banned substance use and/or alcohol use after the initial Safe Harbor Program test will be treated as the next subsequent positive.

- While in compliance with the Safe Harbor Program treatment plan, the student-athlete will not be included in the list of students eligible for random drug testing by the University of Mobile.

**Banned Substances**

- The University of Mobile’s *Drug Alcohol and Controlled Substances Policy* is separate and distinct from the NCAA and NAIA Program (*Appendix H NCAA and NAIA Banned Substances*). However, this list is not exhaustive and the University of Mobile reserves the right to test for any substance and at any cut-off level we so choose.

- Prohibited substances include, but are not limited to, any drug or substance in one or more of the following drug classes:
  - Stimulants
  - Anabolic Agents
- Street Drugs
- Diuretics
- Peptide Hormones
- Analogue
- Beta Blockers
- Anti-Estrogens
- Alcohol
- Beta-2 agonists
- Tobacco

A non-exhaustive list of examples of drugs and substances in these drug classes is attached hereto in Appendix H. Except as otherwise provided herein no substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Additional Banned Drugs and Banned Procedures

- Blood Doping. The practice of blood doping (the intravenous injection of whole blood, packed red blood cells or blood substitutes) is prohibited and any evidence confirming blood doping will be cause for action consistent with that taken for a positive drug test.
- Local Anesthetics. The University allows and permits the limited use of local anesthetics during athletic events under the following conditions:
  - That procaine, xylocaine, carbocaine or any other local anesthetic may be used, but not cocaine;
  - That only local or topical injections can be used (i.e., intravenous injections are not permitted), and
  - That use is medically justified only when permitting the athlete to continue the competition without potential risk to his or her health.
- Manipulation of Urine Samples. The University bans and prohibits the use of substances and methods that alter the integrity and/or validity of urine samples provided during testing. Drug Free Sports considers giving three or more invalid samples suspicion enough to place the athlete in a category of future test participants.
- Examples of banned methods are (but not limited to) catheterization, urine substitution, and/or tampering or modification of renal excretion by the use of diuretics, probenecid, bromantan or related compounds, and epitestosterone administration.
- Beta 2 Agonists. The use of beta 2 agonists is permitted by inhalation only.
- Supplements

  - Some nutritional/dietary supplements contain substances banned by the University. A student-athlete is responsible for knowing the content of any supplements they are taking.
  - Before consuming any nutritional/dietary supplement product, review the product and its label with athletic department staff.
  - Dietary supplements are not well regulated and may cause a positive drug test result. Many dietary supplements are contaminated with banned drugs not listed on the label.
Drug Education

- If Drug Education counseling is required, the Drug Testing Coordinator will approve one or more drug education resources for the student-athlete. The cost of such counseling and additional testing costs will be the sole responsibility of the student-athlete.
- Additional information can be located on the NAIA Sports Science Institute website (www.NAIA.org) and the Drug Free Sport AXIS (formerly the Resource Exchange Center) website (www.drugfreesport.com/axis).

Record retention

- The University will maintain all test results, both positive and negative, for the time the student-athlete remains enrolled at the University of Mobile. Upon the student-athlete departing the University of Mobile, all test results may be discarded unless the student-athlete requests that they be maintained or unless the student-athlete is dismissed from the University, in which case the samples may be retained as appropriate.

Confidentiality

- The University of Mobile will not initiate contact with any law enforcement agency and will not disclose the results of any test conducted under these procedures to any law enforcement agency or any third party except under valid court order or subpoena.

*Updated July 1, 2019*
Appendix A
Drug and Alcohol Acknowledgment and Consent Form

Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes

I acknowledge that I have received a copy of the University of Mobile Student-Athlete Handbook, which contains the Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes (the “Policy”). I have read and understand the Policy.

I understand that the Implementation Procedure and Testing Protocol adopted by the University pursuant to the Policy are available in the Athletic Department and in the office of the Vice President for Enrollment, Campus Life, and Athletics and online in the Student-Athlete Handbook.

I further understand that the Implementation Procedure and Testing Protocol for the Policy may be amended from time to time, with or without notice, at the sole discretion of the University.

I further understand that, pursuant to the Policy, Implementation Procedure and Testing Protocol, may be required to submit to a drug and alcohol test at any time for any reason.

I understand that failure to provide a valid (testable) sample within the 3 hour time frame may constitute a positive test if the sample cannot be analyzed at the lab due to a diluted sample.

I understand that the University of Mobile may impose sanctions if: I have admitted to the use of banned substances found in this policy, found in possession of any banned substance, is arrested or ticketed for a violation of a banned substance, fails to show for a scheduled drug test, or tests positive during an institutional or NAIA sanctioned drug test.

I understand that sanctions for any positive tests will first go through the Office of Student Life and then through the Athletics Department.

____________________________________    ________________________________    _______________________
Student-Athlete’s Name (please print)        Sport                                      Date

____________________________________    _________________________________
Student Athlete’s Signature                  Parents Signature (if under 19)

____________________________________
UM Student ID Number
Appendix B

DRUG TESTING REASONABLE SUSPICION
REPORTING FORM

I, ______________________________________, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant ____________________________ be considered for possible drug testing. The following sign(s), symptom(s) or behavior(s) were observed by me.

Please check below all that apply:

The Student-Athlete has shown:

_____ irritability
_____ loss of temper
_____ poor motivation
_____ failure to follow directions
_____ verbal outburst (e.g. to faculty, staff, teammates)
_____ physical outburst (e.g. throwing equipment)
_____ emotional outburst (e.g. crying)
_____ weight gain
_____ weight loss
_____ sloppy hygiene and/or appearance

The Student-Athlete has been:

_____ late for practice
_____ late for class
_____ not attending class
_____ receiving poor grades
_____ staying up too late
_____ missing appointments
_____ missing/skipping meals

The Student-Athlete has demonstrated the following:

_____ dilated pupils
_____ constricted pupils
_____ red eyes
_____ smell of alcohol on the breath
_____ smell of marijuana on clothing or
_____ staggering or difficulty walking
_____ constantly running and/or red nose
_____ recurrent bouts with a cold or the flu (give dates ________ )
_____ over stimulated or “hyper”
_____ excessive talking
_____ withdrawn and/or less communicative
_____ periods of memory loss
_____ slurred speech
_____ recurrent motor vehicle accidents
_____ and/or violations(give dates)
_____ recurrent violations of University of Mobile Student Code of Conduct
Other specific observations include:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signatures

Print Name of UM Athletic Staff/ Administrator __________________________ Signature/Date __________________________

Reviewed By: ___________________________________________ Date ______

Athletic Director

Reasonable suspicion finding upheld
  · Reasonable suspicion based denied
Appendix C

Drug and Alcohol Testing Program
Student-Athlete Notification Form

Student-Athlete Name: _____________________________ Sport: __________________________

Date of Notification: _______________ Time of Notification: _____________ a.m./p.m.

I, ______________________________, the undersigned:

(Name)

Acknowledge being notified to appear for institutional drug and alcohol testing and have been notified to report to the drug and alcohol testing station at:

_________________, on __________________ at or before __________________ a.m./p.m.

_____ I will be prepared to provide an adequate urine specimen and will not over-hydrate. I understand that providing numerous diluted specimens will be handled as a positive test for a Non-Street Drug.

_____ I understand that failure to appear at the site on or before the designated time will constitute a positive test result and will result in a penalty.

_____ A student-athlete can be found in violation of the University of Mobile’s drug, alcohol, and controlled substances policy if he/she:

- failure without justification to sign the Student-Athlete Consent Form
- failure without justification to sign the Student-Athlete Notification Signature Form
- failure without justification to arrive at the collection station at or by the designated time
- failure without justification to provide a urine specimen according to protocol shall be treated as a positive test for a Street Drug.

By signing below, I acknowledge being notified of my participation in institutional drug and alcohol testing, and I am aware of what is required of me in preparation for this drug and alcohol testing event.

Student-Athlete’s Signature: _____________________________ Date ____________________

I can be reached at the following telephone number on the testing day: _____________________________

………………………………..For Student Athlete ………………………………………

Student-Athlete: _____________________________ Location of Test: _____________________________ Date of test: __________________

Time to Report: _______________

1. Wake up
2. Do not urinate
3. Do not drink too many fluids
4. Do not overhydrate prior to test.
Appendix D
Sample Collection Procedures

College/University:
Urine Collection Guidelines for Clients

1. Only those persons authorized by the institution will be allowed in the collection room.

2. When arriving to the collection room, the student-athlete will provide photo identification or a client representative will need to identify the student-athlete. The student-athlete will then print his or her name and arrival time on the Roster Sign-In Form.

3. The student-athlete will select a Custody & Control Form (CCF) from a supply of such and work with the institutional collector to complete the necessary information before proceeding with the specimen collection process.

4. The student-athlete will select a specimen collection beaker from a supply of such and will be escorted by the institutional collector (same gender) to the restroom to provide a specimen. The student-athlete will rinse his or her hands with water (no soap) and then dry their hands. Then the student-athlete will place a specimen barcode from the Custody & Control Form onto the beaker.

5. The institutional collector will directly observe the furnishing of the urine specimen to assure the integrity of the specimen.

6. The student-athlete will be responsible for keeping the collection beaker closed and controlled.

7. Fluids and food given to student-athletes who have difficulty voiding must be from sealed containers (approved by the institutional collector), opened and consumed in the collection room. These items must be free of any other banned substances.

8. If the specimen is incomplete, the student-athlete must remain in the collection room until the sample is completed. During this period, the student-athlete is responsible for keeping the collection beaker closed and controlled.

9. If the specimen is incomplete and the student-athlete must leave the collection room for a reason approved by the institutional collector, the specimen must be discarded.

10. Upon return to the collection room, the student-athlete will begin the collection procedure again.

11. Once an adequate volume specimen is provided; the institutional collector will escort the student athlete to the specimen processing table.

12. The specimen processor will instruct the student-athlete to closely observe the specimen processing steps and will then measure the specific gravity.

13. If the urine has a specific gravity below 1.005, no value will be recorded on the CCF and the specimen will be discarded by the student-athlete with the institutional collector observing. The student-athlete must remain in the collection room until another specimen is provided. The student athlete will provide another specimen.
14. Once the specimen processor has determined the specimen has a specific gravity above 1.005 the sample will be processed and sent to the laboratory.

15. If the laboratory determines that a student-athlete’s sample is inadequate for analysis, at the client’s discretion, another sample may be collected. College/University: Urine Collection Guidelines for Clients 8/1/2015 Confidential and proprietary information of The National Center for Drug Free Sport, Inc. Page 2 of 2

16. If a student-athlete is suspected of manipulating specimens (e.g., via dilution, substitution), the institutional collector will collect another specimen from the student-athlete.

17. Once a specimen has been provided that meets the on-site specific gravity, the student-athlete will select a sample collection kit from a supply of such.

18. The specimen processor will open the kit, demonstrate to the student-athlete the vials are securely sealed, open the plastic and open the A vial lid. The processor will pour the urine into the A and B vials and close the lids. The specimen processor should pour urine into vials above the minimum volume level (30 mL in A vial; 15 mL in B vial) and pour as much urine as possible into the vials using care not to exceed the maximum levels (30 mL in A vial; 30 mL in B vial).

19. The specimen processor will securely close the lids on each vial and then seal each vial using the vial seals attached to the CCF; assuring seals are tightly adhered to the vials with no tears or loose areas.

20. The specimen processor must then collect all necessary signatures (collector, donor, witness, and collector/specimen processor) and dates/times where indicated on the CCF.

21. The specimen processor will place the laboratory copy of the CCF in the back pouch of the plastic bag and the vials in the front pouch of the same bag. The bag should then be sealed. The sealed bag with vials will then be placed in the sample box. The box will then be sealed.

22. The student-athlete is then released by the institutional collector.

3. All sealed samples will be secured in a shipping case. The collector will prepare the case for forwarding. When two split samples are collected and packaged, care must be taken to assure one sample is placed in the shipping container for shipment to the “drugs of abuse” laboratory and one sample is placed in the shipping container for shipment to the “anabolic steroids” laboratory.

24. After the collection has been completed, the samples will be forwarded to the appropriate laboratory and copies of any forms forwarded to the Sport Drug Testing Department.

25. The samples then become the property of the client.

26. If the student-athlete does not comply with the collection process, the institutional collector will notify the appropriate institutional administrator and Drug Free Sport.

Updated 7/17/2018
Appendix E
Standard Violation and Sanction
Hearing Notification

You have been accused of a violation of University Community Standards. A hearing will be conducted to discuss this offense and determine if any sanctions will be imposed.

Hearing Date: _____________________________________________________________

Hearing Time: _____________________________________________________________

Hearing Location: _________________________________________________________

Hearing to be conducted by: ________________________________________________

If you have any questions, please call 251-442-2278.
# Appendix F

## University of Mobile - Athletic Department

### STANDARDS VIOLATION & SANCTION SUMMARY

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<td><strong>Hearing Conducted By:</strong></td>
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<td><strong>Others Present:</strong></td>
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<td><strong>Notes On File:</strong></td>
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<td><strong>SANCTIONS</strong></td>
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<td>☐ A. Reprimand</td>
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<td>☐ B. Disciplinary Warning</td>
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<td>☐ C. Referral for Counseling (see attached information/contract)</td>
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<td>☐ D. Campus Service (see attached contract)</td>
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<td>☐ E. Fine or Restitution Fines $______</td>
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<td>☐ F. Educatve Sanction (see attached contract)</td>
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<td>☐ G. Disciplinary Probation Through ______</td>
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<td><strong>OTHER INFORMATION:</strong></td>
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### STUDENT ACKNOWLEDGEMENT:

- ☐ *Yes, I have had an opportunity to discuss the allegations with University officials, and understand the sanctions and the right to appeal. I also understand that detailed information regarding University policies, community standards, sanctions, and procedures regarding the discipline system can be found in the University of Mobile Student Handbook.*

- ☐ *I Accept the charge(s) and sanction(s) recommended and waive my right to appeal. I also understand that if parental notification applies, my parent(s) or legal guardian(s) will be contacted concerning violation(s).*

- ☐ *I Contest the charge(s) and wish to exercise my right for appeal. I understand that the Disciplinary Sanction Appeal Request Form must be completed and returned to the Office of the Vice President for Operations and Athletics within 24 hours of receiving this notification.*

| **STUDENT SIGNATURE** | **JUDICIAL REPRESENTATIVE SIGNATURE** |
### Appendix G
**Counseling & Educational Sanction Contract**

<table>
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<th>Student Name:</th>
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<td>I.D. #</td>
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<tr>
<td>Address:</td>
<td>Phone Number(s):</td>
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**PLEASE INITIAL:**

- [ ] I agree to complete the following educational/counseling requirements as directed:

- [ ] I agree to complete this assignment and to submit proof to the Drug Testing Coordinator no later than ______________________________________________________________________.

- [ ] I understand that it is my responsibility to complete this assignment as prescribed and that I will receive no further notice or reminders and that if not completed before the stated deadline that further disciplinary action will be taken against me. Failure to complete counseling in the required time frame may warrant dismissal from the athletic team and/or university.

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<th>STUDENT SIGNATURE</th>
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</table>
The NCAA bans the following classes of drugs (included but not limited to):

a. Stimulants  
b. Anabolic Agents  
c. Alcohol and Beta Blockers (banned for rifle only)  
d. Diuretics and Other Masking Agents  
e. Street Drugs  
f. Peptide Hormones and Analogues  
g. Anti-estrogens  
h. Beta-2 Agonists  

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

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

NCAA Nutritional/Dietary Supplements Warning:

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

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

It is your responsibility to check with the appropriate athletics staff before using any substance.

Note to Student-Athletes: There is no complete list of banned substances. Do not rely on this list to rule out any supplement ingredient.

Check with your athletics department staff prior to using a supplement.

Some Examples of NCAA Banned Substances in Each Drug Class  

Stimulants:  
amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexaneamine, etc.
exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents – (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione) boldenone; clenbuterol; DHEA (7-Keto); nandrolone; stanozolol; testosterone; methasterone; androstenedione; norandrostenedione; methandienone; etiocholanolone; trenbolone; etc.

Alcohol and Beta Blockers (banned for rifle only):
alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents:
bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs:
heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2,JWH-018, JWH-073)

Peptide Hormones and Analogues:
growth hormone(hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens :
anastrozole; tamoxifen; formestane; 3,17-dioxo-etiochol-1,4,6-triene(ATD), etc.

Beta-2 Agonists:
bambuterol; formoterol; salbutamol; salmeterol; etc.

Any substance that is chemically related to the class, even if it is not listed as an example, is also banned!
Appendix H Continued

NAIA Banned Drugs

It is your responsibility to check with the appropriate or designated athletics staff before using any substance.

A. The NAIA bans the following classes of drugs (included but not limited to):
   1. Stimulants.
   2. Anabolic Agents.
   3. Diuretics and Other Masking Agents.
   4. Peptide Hormones and Analogues.
   5. Anti-estrogens; and

   Note: Any substance chemically related to these classes is also banned.

   The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

B. Drugs and Procedures Subject to Restrictions (included but not limited to):
   2. Local Anesthetics (under some conditions).
   3. Manipulation of urine samples.
   4. Beta-2 Agonists permitted only by prescription and inhalation.
   5. Caffeine if concentrations in urine exceed 15 micrograms/ml.

C. NAIA Nutritional/Dietary Supplements Warning:

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

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

   Note to Student-Athletes: There is no complete list of banned substances. Do not rely on this list to rule out any supplement ingredient.

   Check with your athletics department staff prior to using a supplement.

D. Some Examples of NAIA Banned Substances in Each Drug Class:

   1. Stimulants:
      Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, “bath salts” (methedrone) etc.

      Exceptions: phenylephrine and pseudoephrine are not banned.

   2. Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione):
      Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; etc.

   3. Diuretics (water pills) and Other Masking Agents:
      Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triamterene; trichlormethiazide; etc.

   4. Peptide Hormones and Analogues:
      Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.
5. Anti-Estrogens:
   Anastrozole; tamoxifen; formestane; ATD, clomiphene etc.
6. Beta-2 Agonists:
   Bambuterol; formoterol; salbutamol; salmeterol; etc.

Additional examples of banned drugs can be found at www.naia.org/wellness.
Any substance that is chemically related to the class, even if it is not listed as an example, is also banned!
Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center 866.635.7877 or www.drugfreesport.com/rec.password naialive5
It is your responsibility to check with the appropriate or designated athletics staff before using any substance.

Appendix I
Dietary Supplement Disclosure Form

I, ___________________________ would like to disclose the following substance for which I consume as a dietary supplement other than those prescribed by a medical doctor. I understand that labeling on these products can be misleading and inaccurate, and that advice of sales personnel may be inaccurate. Terms such as “healthy” or “naturally occurring” do not necessarily imply safety nor does it imply that the NAIA or the University of Mobile approves these substances.

Ultimately, I am responsible for knowing what is contained in any supplement that I may take.

1. Brand Name: ___________________________ Dosage ___________________________
   Description: _______________________________________________________________

2. Brand Name: ___________________________ Dosage ___________________________
   Description: _______________________________________________________________

3. Brand Name: ___________________________ Dosage ___________________________
   Description: _______________________________________________________________

4. Brand Name: ___________________________ Dosage ___________________________
   Description: _______________________________________________________________
Appendix J

Disciplinary Sanction Appeal Request Form

Must be submitted no later than (Date): _____________ (Time): _____________

Student Name: _________________________________________________________ Student I.D. _____________

I am requesting an appeal to the sanctions imposed. My appeal is based on one or more of the following: (Check all that apply)

☐ New information, which was not available at the time of my hearing and may have affected the decision

☐ Evidence that established procedures were not followed in a manner that may have affected the decision

☐ The sanction was inappropriate for the violation

Please attach supporting documents.

**Please note that all written statements must be typed, double-spaced, and printed on standard 8.5 x 11 white paper.**
Appendix K
Discipline Committee
Deliberations Worksheet

Student Name: _______________________________  ID: _____________

I am requesting an appeal to the sanctions imposed. My appeal is based on one or more of the following:
(Check all that apply)

☐ There is relevant new information that was not available at the time of the original hearing and the introduction of the information could substantially impact the original finding;

☐ There was a substantial procedural error that may have significantly affected the decision;

☐ The sanctions are substantially disproportionate to the severity of the violation.

Student Name: ___________________________________________  Student I.D. ______________

Please attach your typed written appeal and any supporting documents.
Appendix L
Campus Service Sanctions

Student Name: Date/Time:
I.D. #
Address: Phone Number(s):

PLEASE INITIAL:

☐ I agree to complete the following campus service requirements as directed:

☐ I agree to complete this assignment and to submit proof to the Drug Testing Coordinator no later than ________________.

☐ I understand that it is my responsibility to complete this assignment as prescribed and that I will receive no further notice or reminders and that if not completed before the stated deadline that further disciplinary action will be taken against me. Failure to complete counseling in the required time frame may warrant dismissal.
from the athletic team and/or university.

☐ Direct Supervision

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NAIA Official Student Consent Form

A. Requirement to Sign Drug-Testing Consent Form
   1. Name of Institution:

   2. Name of student-athlete: ____________________________ Sport(s): ________

   3. You must sign this form to participate in any NAIA National Championship competition. This includes but is not limited to Opening Rounds and Final Sites. If you have any questions, you should discuss them with your director of athletics.

B. Consent to Testing
   1. You agree to allow the NAIA to test you in relation to any participation by you in any NAIA national championship or invitational competition. Examples of drugs in each class can be found at www.naia.org/wellness. Note: There is no complete list of banned substances. Check the NAIA Drug Free Sport AXIS for questions about supplements, medications and banned drugs.

C. Consequences for a Positive Drug Test
   1. By signing this form, you affirm that you are aware of the NAIA drug-testing program, which provides:

   2. A student-athlete who tests positive for use of a banned substance as defined by the NAIA banned-drug classes list, shall be sanctioned as outlined below:
      a. A student-athlete’s first offense for testing positive for the use of any banned drug shall be immediately suspended from further competition in any sport; and
      b. The period of suspension will be for a minimum of 365 days from the date of the specimen collection that lead to the positive test result; and
      c. The student-athlete shall be charged one season of competition in all sports because of the positive test result.
      d. A student-athlete testing positive a second time for the use of any banned drug shall lose all remaining NAIA regular season and post-season eligibility in all sports.
      e. Individual placings and honors earned at the national championship at which the positive test occurred shall be vacated.
f. Team championships will be determined by the National Drug Testing and Education Committee.

D. Signatures
   1. By signing below, I consent:
      a. To be tested by the NAIA in accordance with NAIA drug-testing policy, which provides among other things that I will be notified of selection to be tested;
      b. I must appear for NAIA testing or be sanctioned for a positive drug test; and my urine sample collection will be observed by a person of my same gender;
      c. To accept the consequences of a positive drug test;
      d. To allow my drug-test sample to be used by the NAIA drug-testing laboratories for research purposes to improve drug testing detection; and
      e. To allow disclosure of my drug-testing results only for purposes related to eligibility for participation in NAIA competition.

I understand that if I sign this statement falsely or erroneously, I violate NAIA legislation on ethical conduct and will jeopardize my eligibility.

____________________  ______________________________________________________
Date                  Signature of student-athlete
____________________  ____________________________  _______________________
Date                  Signature of parent (if student-athlete is a minor)

Name (please print)  Date of birth  Age
_______________________________________________________________________________________________
Home address (street, city, state and zip code)

Sport(s)

NAIA Official Student Consent Form

E. Requirement to Sign Drug-Testing Consent Form
   4. Name of Institution: ____________________________________________________________

   5. Name of student-athlete: ________________________  Sport(s): ________

   6. You must sign this form to participate in any NAIA National Championship competition. This includes but is not limited to Opening Rounds and Final Sites. If you have any questions, you should discuss them with your director of athletics.

F. Consent to Testing
   1. You agree to allow the NAIA to test you in relation to any participation by you in any NAIA national championship or invitational competition. Examples of drugs in each class can be found at www.naia.org/wellness. Note: There is no complete list of banned substances. Check the NAIA Drug Free Sport AXIS for questions about supplements, medications and banned drugs.

G. Consequences for a Positive Drug Test
   3. By signing this form, you affirm that you are aware of the NAIA drug-testing program, which provides:

   4. A student-athlete who tests positive for use of a banned substance as defined by the NAIA banned-drug classes list, shall be sanctioned as outlined below:
      g. A student-athlete’s first offense for testing positive for the use of any banned drug shall be immediately suspended from further competition in any sport; and
      h. The period of suspension will be for a minimum of 365 days from the date of the specimen collection that lead to the positive test result; and
      i. The student-athlete shall be charged one season of competition in all sports because of the positive test result.
j. A student-athlete testing positive a second time for the use of any banned drug shall lose all remaining NAIA regular season and post-season eligibility in all sports.

k. Individual placings and honors earned at the national championship at which the positive test occurred shall be vacated.

l. Team championships will be determined by the National Drug Testing and Education Committee.

H. Signatures
   1. By signing below, I consent:

f. To be tested by the NAIA in accordance with NAIA drug-testing policy, which provides among other things that I will be notified of selection to be tested;

g. I must appear for NAIA testing or be sanctioned for a positive drug test; and my urine sample collection will be observed by a person of my same gender;

h. To accept the consequences of a positive drug test;

i. To allow my drug-test sample to be used by the NAIA drug-testing laboratories for research purposes to improve drug testing detection; and

j. To allow disclosure of my drug-testing results only for purposes related to eligibility for participation in NAIA competition.

I understand that if I sign this statement falsely or erroneously, I violate NAIA legislation on ethical conduct and will jeopardize my eligibility.

Date ____________________________ Signature of student-athlete

Date ____________________________ Signature of parent (if student-athlete is a minor)

Name (please print) ____________________________ Date of birth ____________________________ Age ____________________________

Home address (street, city, state and zip code) ______________________________________________________________

Sport(s) __________________________________________________________

NAIA National Office • 1200 Grand Blvd., Kansas City, MO 64106 • 816.595.8000 • Fax: 816.595-8200

Acknowledgment and Consent Form

Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes

I acknowledge that I have received a copy of the University of Mobile Student-Athlete Handbook, which contains the Drug, Alcohol and Controlled Substances Testing Policy for Intercollegiate Athletes (the “Policy”). I have read and understand the Policy. I understand that the Implementation Procedure and Testing Protocol adopted by the University pursuant to the Policy are available in the Athletic Department and in the office of the Vice President for Student Development. I further understand that the Implementation Procedure and Testing Protocol for the Policy may be amended from time to time, with or without notice, at the sole discretion of the University. I further understand that, pursuant to the Policy, Implementation Procedure and Testing Protocol, I may be required to submit to a drug and alcohol test at any time.

Student-Athlete’s Name (please print) ____________________________ Date ____________________________
NAIA Champions of Character Pledge

Each game and practice, in which I participate, will provide me with an opportunity to be a "Champion of Character."

I pledge, as an NAIA student-athlete, to accept the five core character values of the NAIA and will do my best to represent the NAIA, my institution, my teammates, and myself by:

- **Respecting** my opponent, the officials, my teammates, the game, and myself;
- Taking **responsibility** for my actions in all areas of my life;
- Having the **integrity** to stand by my word;
- Providing **servant leadership** where I serve others while striving to be a personal and team leader;
- Being an example of **sportsmanship** by holding myself to the highest standards of fair play.

Miscellaneous

**Awards.** *Lettering criteria is up to each individual coach.*

**Awards Banquets.** Each sport may hold its own awards banquet and may choose the type of awards it gives.

**Fifth-Year Degree Completion Scholarship (DCS) Program.** Student-Athletes may apply in their senior year. Contact your head coach for more information. *A completed F.A.F.S.A. is required by March 1st.*

**SSAC Honor Roll Awards.**

These awards are presented to all student-athletes who excel in the classroom. Nominees must have completed two terms of attendance and earned at least 24 semester hours of college level work, have attained a grade point average of 3.25 or higher based on all courses attempted at the current institution and from all previously attended institutions attended, and be participating in his/her sport during the semester in which the nomination is made. The Conference SID prepares certificates for those being awarded and coordinates their presence on the web page.
Note: Only athletes who are certified by the Registrar in NAIA-sponsored sports are eligible for academic awards.

**Granting Releases for current student-athletes.** In order for a currently enrolled student-athlete at the University of Mobile to receive a release to transfer and play for another institution, the student-athlete must inform his/her coach in writing at least sixty (60) days prior to the last day of classes for the semester. If this is followed, a release will be granted. Otherwise, the student-athlete may be subject to any national association and/or conference penalties that regulate transferring to another institution.

1. The release form gives you permission to have contact with the athletics staff at another college or university to discuss a potential transfer. It also gives another college or university permission to contact you. The form does not include any information about your academic or athletics eligibility; however, in order to be immediately eligible to compete at the new institution, you must have been both academically and athletically eligible for athletics had you stayed at the University of Mobile.

2. The release form indicates that you no longer want to continue with your sport team here at the University of Mobile and nullifies any responsibility of the University of Mobile to continue the athletic scholarship agreement for this current academic year and/or the upcoming academic year. All financial obligations to the University of Mobile will be the sole responsibility of the student-athlete.

**Ram Club.** Philanthropy is an important part of any university's financial existence, and philanthropy is especially important in the realm of intercollegiate athletics. Through donations and gifts, our athletic program is able to provide additional opportunities for our student-athletes. As a result, each sport has its own Ram Club to meet specific fundraising needs. Parents of student-athletes and athletic alumni are asked to contribute to the Ram Club. After you graduate, you will be expected to "give something back" to the program that gave you an opportunity to compete in intercollegiate athletics.

**Scholar-Athlete Graduation Award.** This award is presented to the graduating senior who has achieved the highest cumulative grade point average as of the end of the Fall semester. The recipient has to have lettered for two seasons prior to his/her senior year and has to have made significant contributions to his/her sport.

**Student Success Center.** Available for personal counseling, career counseling and study skills. Located in Weaver Hall behind Weaver Auditorium.
**Team G.P.A. Award.** Awarded to the team with the highest cumulative grade point average for both Fall and Spring Semesters.

**Tutoring.** Free, on-campus tutoring is available to any registered student who requests it. Tutoring services can be obtained by contacting the academic department of the subject in which help is needed. It is up to you, the athlete, to seek tutorial help whenever you feel it is necessary. Your professors can also be of help in this area, if you request it.