

Physical Exam Paperwork Instruction and Check-off Sheet

Personal Data Sheet

- _____ Fill out student information
- _____ Fill out emergency contact information
- _____ Circle year in school for the up coming fall
- _____ Circle YES or NO to allergies, please explain if YES
- _____ Circle YES or NO to questions, please explain if YES
- _____ Sign and date at bottom

Assumption of Athletic Risk and Responsibility

- _____ Fill out header with date, name and social security number
- _____ Read, sign and date below
- _____ Have witness verify your signing

Substance Abuse Policy

- _____ Read policy and fill in name and sport
- _____ Sign and date
- _____ Parent signature is needed if athlete is under 18

NCAA Release of Information

- _____ Fill out header with name, social security number and date of birth
- _____ Sign and date below
- _____ Have witness verify your signing

Physical Exam Sheet

- _____ Fill out header with name, social security number, year in school and date
- _____ DO NOT FILL OUT BELOW FIRST SET OF DOUBLE LINES

Health History-Returner

- _____ Fill out header with name, social security number, year in school and date on both pages
- _____ Answer the Y/N questions on the left hand side of both pages
- _____ DO NOT write on the right hand side, this is PHYSICIAN USE ONLY
- _____ Sign and date next to ATHLETE SIGNATURE on the bottom of page 2
- _____ DO NOT STAPLE

Proof of Insurance

- _____ Fill out header with name, social security number, date of birth and sport on both pages
- _____ Enter information asked from insurance card
- _____ Check YES/NO to declining NIU Student Insurance

Sign and date the bottom of page 1
Read, sign and date informed consent on page 2
Copy front and back of insurance card (making sure it is legible)
and paste (not staple) to back of page 2 where instructed