

Medical Clearance; Compliance & Eligibility 2021-2022 Sports Medicine Form

So we made; just for you,
this page-by-page set of
instructions & screen-shots.

So that we can get everyone packet reviewed in a timely manner, we encourage everyone to get this all completed as soon as possible; but student-athletes must submit all forms by August 1st

- This document outlines expectations and provides step-by-step instructions.
 - As the process for completing the *Sports Medicine Form* is NOT intuitive AND, we have adapted some of the text fields in *SportsWare* to fit our own needs, as you work your way through the forms, follow along with this guide.
- Three groups with extra steps:
 - First-Years – your Medical Report form is/was due to MIT Medical by July 23.
 - If you did not do this; the process, and associated FAQ, can be found [here](#).
 - **NOTE:** NCAA requires that the physical exam date (date signed by medical provider) be within 6 months of your sport's start date or date of off-season conditioning activities (including Sports Performance workouts). As all physicals be within 6 months of 9/8/21, any older than March 8, 2021 are expired. (Adjust date if your team starts in August).
 - For guidance on attaining an updated physical, email: mitsportsmed@gmail.com
 - 1st year participants who are upperclassmen (no prior varsity participation)
 - The physical exam you submitted as a freshman is no longer valid.
 - Rather than contacting MIT Medical, for advice on attaining an updated physical, email; mitsportsmed@gmail.com
 - Returners who (a) where not listed on the 2020-21 roster, **(b)** took a Leave-of-Absence or **(c)** who did not complete the required forms for 2020-21.
 - For guidance on attaining an updated physical, email: mitsportsmed@gmail.com
- Baseline Concussion Testing:
 - All student-athletes will need to take/repeat the ImpACT Baseline Concussion Test.
 - Shortly after your forms are posted to FrontRush, please check your MIT email for a message from support@impacttest.com. Considered part of this forms-process, plan to complete this by August 1st.
- Student-Athlete COVID-19 Screen:
 - All student-athletes will complete (or complete again) a COVID-19 Screen form.
 - This information informs your medical clearance to engage in sport activities requiring physical exertion.
 - If you have been evaluated for COVID-19 or COVID-19 concerns while at home or off-campus:
 - contact your doctor's office staff to obtain documentation of prior COVID-19 test results and/or documentation from your appointment(s)
 - upload copies of these document(s) here to SportsWare. You will have access to these in case you need them later.

See 2nd bullet just above.

Before you begin:

- (1) Plan to have the following documents/information readily available during this process:
 - Emergency Contacts
 - two separate contacts
 - **Note:** shared with your coach for access during away contests should anything happen.
 - Current Health Insurance Card
 - You will be entering the information manually, and
 - upload a clear/legible image of the front & the back of the card.
 - MIT Medical: [Medical Report](#) (1st year participants only)
 - (a) MIT Medical recommends that you email your documents securely via Zix, their secure email service. Create an account at web1.zixmail.net/s/e?b=medical.mit, and send your documents to medrpt@med.mit.edu
 - (b) Upload a completed and signed copy of this form to your profile in *SportsWare*
 - Due to the file size limits, you'll need to split the document into two parts.
 - Current Medications List
 - including dosage.
 - Medical Alerts
 - e.g. severe allergies, sickle cell, other.
 - (2) Plan to dedicate sufficient time in your schedule to get these forms completed and submitted.
 - These can take >90 minutes, so you will have to block three 30-minute windows of time to get this done.
 - You will also need to plan and arrange a time and quiet space to take the [ImPACT test](#).
-

Instructions for entering information into **CSMi SportsWare Injury Tracking Software** aka the *Sports Medicine Form*

Access your profile on **SportsWare** via this link www.swol123.net

SPORTSWARE ONLINE

Athletes: 9,698,046 | Injuries: 6,097,386 | Treatments: 21,525,834 | ATC's Online: 83

SportsWare for Athletic Trainers
Athletic Trainers in grade schools, high schools, colleges and professional teams around the globe rely on SportsWare to record, manage, and report their athletic training room information.

SportsWare for Athletic Coaches
Coaches can access player status, roster and travel reports. Also accessible from mobile devices eliminating the need to carry paper files with emergency contact, insurance information and medical alerts.

SportsWare for Athletes and their Parents
Athletes and their parents to enter and trace emergency contacts, telephone health history and other basic information directly into SportsWare.

WELCOME TO THE NEW SPORTSWAREONLINE.
Note: The first time you run the new version, if you see an error after logging in, or the screen does not render correctly, you should clear your cache. Search for "Chrome Clear Cache" or "Edge Clear Cache" for instructions on your specific browser. You only need to clear Cached images and files. You do not need to clear Cookies or Browsing History.

This version includes a complete re-write of the SportsWare User Interface:

- Modern web style.
- All screens can be resized from a wide-screen monitor to a laptop, to tablet, all the way down to a phone.
- Tablets and Mobile devices can be rotated from Portrait to Landscape mode with the SportsWare screens automatically re-sizing.
- All menus and button bars automatically roll-up.
- Each label and data field re-sizes, and re-positions on the screen.
- The Save and Cancel buttons stay at the top of the page as you scroll down a record.
- Provides all of the desktop website features on your phone.
- Eliminates a separate m.swol123.net website.

Thank you to everyone who participated in the development of the new SportsWareOnline.

SIGN IN
e-Mail:
Password:
[Forgot Password / Forget Password](#)

WANT TO JOIN SPORTSWARE?
[Join SportsWare](#)

NEED AN ANSWER NOW?
[FAQs - Users Manual](#)

Parents and Athletes: Please contact your school's athletic training department with all questions. CSMi/SportsWare representatives do not have access to your login information or data.

As you'll need access to this site throughout your career with us, it will be helpful to save this link to your favorites.

The "swol" in the URL is short for SportsWareOnLine

A fun fact:

The company that owns **SportsWare**, *Computer Sports Medicine Inc.* (CSMi), has its roots at MIT. Scrolling down to 1981, check it out for yourself;
<http://www.csmisolutions.com/about-csmi/history>

It is believed that Rich Potash's inspiration for this platform evolved during the time he spend in the ATR when he was a student-athlete.

ATR = Athletic Training Room.

Log-in Screen

- If you are already on a varsity sport team roster(s):
 1. Type in your **MIT email** address then;
 2. Enter; OR Set your Password. If you have:
 1. Forgotten your password
 2. Your password has expired, or
 3. You are logging in for the first time, enter your MIT email address and press the 'Reset Password' button.
 1. You will be prompted to log-in again
- If you have recently been enrolled with the Registrar's office and were not "in the system" back in the Spring
 1. Try above log-in method first; as this is rare
 1. often access is denied due to using an email address other than your MIT address
 2. Click "Join SportsWare"
 1. Enter School ID: **04-2103594**
 2. Enter Name, Email, and Group (Varsity Athlete)
 3. After one of the MIT Athletic Trainers "accepts" your request;
 4. You'll receive and email with a link to Reset Password.
 5. Follow instructions from there.

As you'll need access the mobile site to "Sign-in" when visiting the ATR, save your Password.

Your MIT email.

Not your Gmail

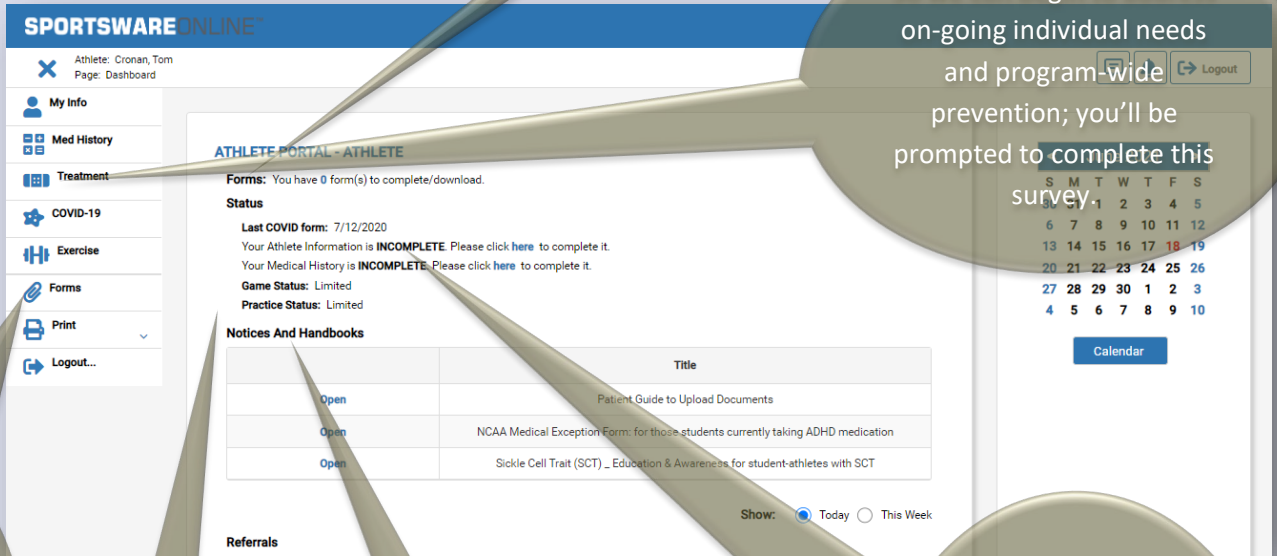
The screenshot shows the SportsWare login interface. At the top right, statistics are displayed: Athletes: 3,698,046; Treatment: 21,525,834; Injuries: 6,097,386; ATC's Online: 33. The main content area has three columns: 'SportsWare for Athletic Trainers', 'SportsWare for Athletic Coaches', and 'SportsWare for Athletes and their Parents'. On the right, there are three sign-in sections: 'SIGN IN' with e-Mail and Password fields and a Login button; 'SINGLE SIGN-IN' with a Login button; and 'ATHLETE/PARENT' with a 'Want to join SportsWare?' section and a 'Join SportsWare' button. Below these is a 'NEED AN ANSWER NOW?' section with a 'FAQ - Users Manual' button. A red arrow points to the 'Currently On Team Roster' section, and another red arrow points to the 'Recently Enrolled at MIT' section. A speech bubble at the bottom center says 'This is rare'.

Currently On Team Roster

Recently Enrolled at MIT

This is rare

- Your individual SportsWare dashboard will look like this
 - From here, click on the **"My Info"** tab



Ignore this

So we can begin to address on-going individual needs and program-wide prevention; you'll be prompted to complete this survey

Use the **Forms** tab to upload documents you'll share with us during this process and throughout your career.

Though not a reflection of your overall Eligibility, your medical clearance **status** is shown here.

More about these **"Notices and Handbooks"** later in this guide.

After following all instructions, if you still see your Status showing as **"Incomplete"**; ignore it. Same holds true for this system warning that will show up.

The record has been saved but will not be marked as "Complete" till the following is complete(d)

- The next screen, the **General** tab, looks like this
 - Please review any pre-populated fields for accuracy AND complete all blank fields. Red asterisk indicates (*) required information.
 1. Do **NOT** add your social security number in the SSN field.
 - Adding a photo.
 1. Optional; however, a good quality photo does help us learn to recognize everyone.
 2. Upperclassmen, please load your image from your team's roster on **mitathletics.com**
 - From each drop-down menu, select the sport(s) you participate with;
 1. If multiple, please list sports in order of participation. E.g.
 1. Sport 1 = Women's Cross-Country
 2. Sport 2 = Women's Track&Field
 3. Sport 3 = (leave blank)
 2. If participating on only one sport, list as Sport 1. E.g.
 1. Sport 1 = Crew- Men's Varsity
 2. Sport 2 = (leave blank)
 3. Sport 3 = (leave blank)
 3. From the Group field, select "Varsity Athlete" if it is not already entered
 - Before proceeding, click "**Save**" in the upper right corner of your screen.

After completing each screen; click "Save".

Not kidding.

Really.

The screenshot shows the 'SPORTSWARE ONLINE' interface. At the top right, there is a 'Save' button circled in red. The form is divided into several sections: 'GENERAL' with fields for First Name, Middle Name, Last Name, Gender, ID, SSN, Birth Date, and Birth Date Required; 'ATHLETE PICTURE' with a placeholder image and upload options; 'ATHLETE ONLINE ACCESS' with fields for Email, Cell Phone, Existing Password, New Password, and Create a Password; and 'SPORTS/GROUP' with dropdown menus for Sport 1, Sport 2, and Sport 3, and a 'Varsity Athlete' checkbox.

Appropriate selfies accepted

- Then click the **Address** tab
 - Please review any pre-populated fields for accuracy and complete all blank fields
 - For Primary Address
 1. Enter home address
 2. Personal cell phone number
 - For Secondary Address
 1. Enter your on-campus address
 1. If known at the time you are completing this.
 2. If not, log back in later and complete.
 2. Enter on-campus phone number (if available)
 - Before proceeding, click "**Save**" in the upper right corner of your screen.

If you make changes after August, send us an email so we can update any hardcopies we've created

SPORTSWARE ONLINE

Save Cancel

General **Address** Emergency Insurance Medical Paperwork

PRIMARY ADDRESS

Address
751 Eriesside Avenue

Address2

City
Cleveland

State
OH

Zip Code
444114

Country
United States

Phone
(216) 781-7625

Cell
Required

Beeper

SECONDARY ADDRESS

Address
2121 George Halas Drive Northwest

Address2

City
Canton

State
OH

Zip Code
44708

Country
United States

Phone
(330) 456-8207

Cell

Beeper

E-Mail Address

After completing this screen; click "Save".

Umm, ya; ...

Awkward.

Please ignore

- Then click the **Emergency** tab
 - Please review any pre-populated fields for accuracy and complete all blank fields
 1. This Information is made available to your coach for team travel/ away games.
 - Use a non-parent/non-guardian as a Secondary Emergency Contact, if available.
 1. International students, provide a contact in the US, if available.
 - Before proceeding, click "**Save**" in the upper right corner of your screen.

The screenshot shows the 'SPORTSWARE ONLINE' interface for the 'Emergency' tab. The form is divided into two main sections: 'PRIMARY CONTACT' and 'SECONDARY CONTACT'. Each section contains fields for First Name, Last Name, Signature On File (with a 'No' button), Relationship (dropdown), Address, Address2, City, State (dropdown), Zip Code, Country (dropdown), Home Phone, Work Phone, Cell (with a 'Required' label), Beeper, and E-Mail Address. The primary contact information is for Dalai Lama, and the secondary contact is for Ellen DeGeneris. A red arrow points to the 'Save' button in the top right corner, and a callout bubble says 'After completing this screen; click "Save".'

- Then click the **Insurance** tab
 - Review any pre-populated fields for accuracy and complete all required blank fields
 1. This Information is made available to your coach for team travel/ away games.
 - **And**; upload an image file of the front & back of your health insurance card
 - Before proceeding, click "**Save**" in the upper right corner of your screen

Company	Insurance Company name.
Address	Insurance Company Street Address 1 and Street Address 2
City	Insurance Company City
State	Insurance Company State
Zip Code	Insurance Company Zip Code.
Phone	Insurance Company Phone
Billing ID	Unique # for to the individual billed

Policy Holder	Policy Holder name.
Birth Date	Policy Holder Birthdate.
ID	Policy Holder ID.

Policy	Insurance Policy Number.
Group #	unique ID # assigned to employer that offers a plan to employees
Plan	Insurance Plan.
Type	The Insurance Plan type, e.g. PPO, HMO.
See First	The person the athlete must see for an initial visit and referral.

Additionally, upload an image of the front & back of your health insurance card.

Note: If you are covered under both a Family plan **AND** the *MIT Student Extended Insurance (SEIP)*, then complete both sides of the page. For example, you are still listed on your family's health insurance plan and kept the SEIP

If you have coverage **ONLY** under the *MIT Student Extended Insurance Plan (SEIP)*, leave "Primary Insurance Company" (left side) blank.

Under the "Secondary Insurance Company" (right side) section, insert the MIT SEIP information as show:

Secondary Insurance Company

The screenshot shows the 'SPORTSWARE' insurance form. It has tabs for 'General', 'Address', 'Emergency', and 'Insurance'. The 'Insurance' tab is active, showing two sections: 'PRIMARY INSURANCE COMPANY' and 'SECONDARY INSURANCE COMPANY'. The 'SECONDARY INSURANCE COMPANY' section has a 'Save' button circled in red. A yellow arrow points from the 'Secondary Insurance Company' text box to this section. Other arrows point from various text boxes to fields like 'Company', 'Address', 'Policy Holder', and 'Policy Information'.

Doing this will prompt an "Incomplete" error message: ignore it.

Yes, ignore it.

In this section

- BC/BS of MA
- 77 Massachusetts Ave E23-191
- Cambridge, MA 02139
- 617-253-5957

As they can help with all inquiries, the address and contact information are for the Claims and Member Services office at MIT Medical

In this section, add;

- your Name
- your Birth Date
- your MIT ID #

In this section

- leave Policy box blank if you do not have your policy #.
- In Plan insert "MIT Student Extended Insurance Plan"
- In Type insert "PPO"
- In See First insert "My PCP at MIT Medical"
- In Phone insert "617-253-5979"

Additionally, upload an image of the front & back of your MIT Student Extended Insurance Plan card (if/when available)

After completing this screen; click "Save".

As these cards are not available until much later this semester, just plan to upload an image of it when it arrives.

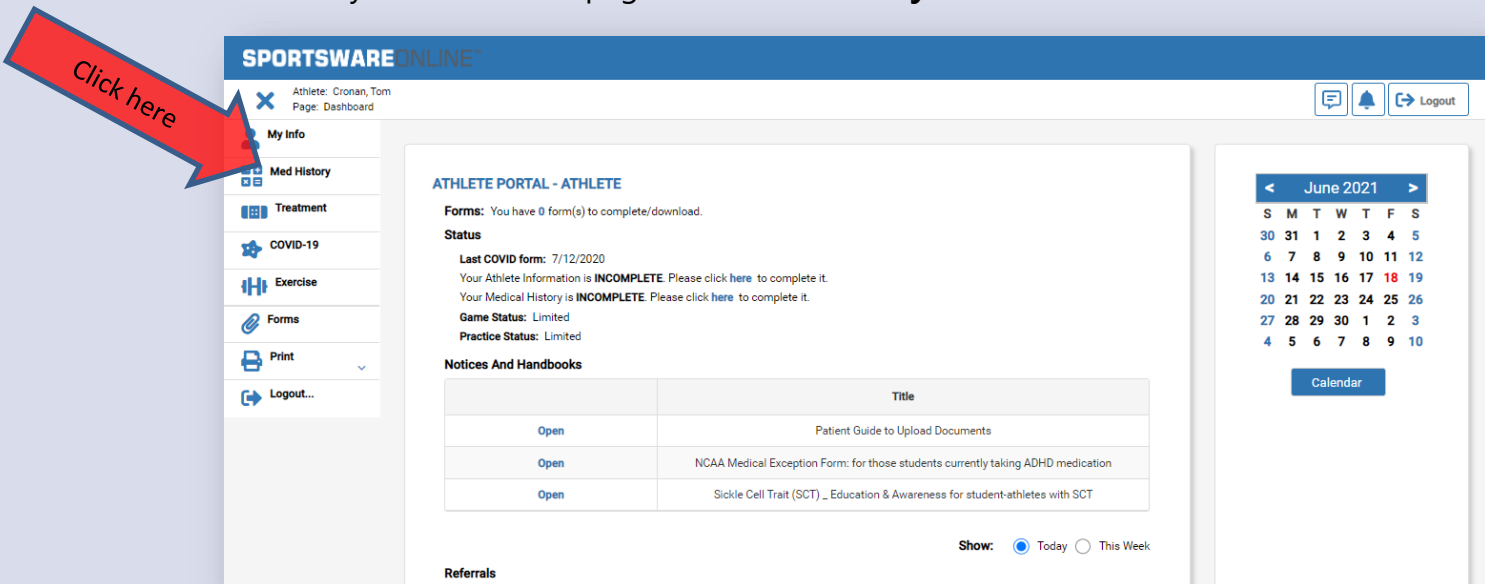
That's why all the info is provided here in this section

- Next, from your Dashboard page, click **My Info** again, then click the **Medical** tab,
 - The **Alerts** section is for serious allergies and medical conditions.
 1. Please choose from the drop down menu if you have any of the listed conditions or use the “other” option to add a condition not listed.
 2. **Note:** This section aligns with many of the items you’ll be asked to answer in the **Med History** section. Make sure to match any Alerts to their corresponding health history questions.
 - Please leave the **Immunizations** section blank.
 1. You’ll have taken care of all of this when submitting your Medical Report to MIT Medical.
 - The **Drugs Taken** section should contain a complete listing of the prescription medication(s) you are currently taking
 1. Type the medication in the “Medication” field, including the dosage and clicking on the “Add” button.
 - The **Doctor** section should be completed with information for your Primary Care Provider (PCP) from home.
 1. **Note:** Please also choose a PCP at MIT Medical, use the patient online system to do so. <https://medical.mit.edu/my-mit/new-students/choose-pcp>
 1. We recommend that you do this; even if you have a family doctor at home.
 - The **Paperwork** section should be left blank
 - Before proceeding, click “**Save**” in the upper right corner of your screen.

The screenshot shows the 'SPORTSWARE ONLINE' interface for a 'Medical' form. At the top right, there is a 'Save' button circled in red. A red arrow labeled 'Click here' points to this button. Below the navigation tabs (General, Address, Emergency, Insurance, Medical, Paperwork), the 'ALERTS' section contains several dropdown menus for conditions like 'Shake Cell Test', 'Hx of food illness', 'Allergies', 'Allergy: Bee Stings', 'Allergy: Peanuts', and 'Allergy: Penicillin'. The 'IMMUNIZATIONS' section is empty. The 'DRUGS TAKEN' section has a text input field for 'Medication' and a red-circled '+ Add' button. Below it, there are 'Notes' and a list of medications. The 'DOCTOR'S NOTES' section includes fields for 'Name', 'Dr. First', and 'Phone'.

After completing this screen; click “**Save**”.

- Next, from your Dashboard page, click **Med History** tab



- At the top of the page:
 - Enter today's date
 - From the "Sport" drop-down menu **choose your earliest starting sport.**
 Example: If you play both softball and basketball; softball (via Fall ball) starts first.
 - Complete each item, by selecting Yes or No from the drop-down menu
 - An item without a Yes/No response does NOT = "No"**
 - When indicating "Yes" you **MUST** provide detail in the "Comment" section.
 Example: Have you been told you have an irregular heartbeat or murmur? Yes. *Diagnosed benign by PCP 12/2019, no restrictions.*
 - NOTE:** As the "Comment" field has a 100-character limit; if you need more space, type *"see Forms tab"* in the comment field and upload a document(s) explaining the condition/situation.
 - Upload file via the **"Add"** button within **"Forms"** tab.
 - Do **NOT** send this document via email attachment or fax
 - However, as the systems does not "ping" us when documents are uploaded, send us an email letting us know you've done this.
 - Before proceeding, click **"Save"** in the upper right corner of your screen.
 - IF YOU SKIP THIS STEP, YOUR DATA WILL NOT BE SAVED.**

"Yes" responses without comments:

- Slow your packet's review
- Take time away from others

Items without responses:

- Slow your packet's review
- Take time away from others

SPORTSWARE

How many times in the past 12 months have you... Save Cancel

GENERAL

Name:

End date:

Sport:

Division:

All items are required to be answered

Item	Yes/No	Comment
1. Have you had the following game or event and have you decided whether to attend or reschedule them in the convenience section? (Date: 10/15)	Yes	
2. Have you had an injury, the required medical attention or the loss of time due to an injury in the past 12 months? (Date: 10/15)		
3. Have you had a major injury that required medical attention in the past year if you, the athlete?		
4. Have you ever been hospitalized as a patient for any medical reason? (Date: 10/15)		
5. Have you had any surgery for your hand? (Date: 10/15)		
6. Have you had any surgery for your wrist? (Date: 10/15)		
7. Have you had any surgery for your elbow? (Date: 10/15)		
8. Have you had any surgery for your shoulder? (Date: 10/15)		
9. Have you had any surgery for your neck? (Date: 10/15)		
10. Have you had any surgery for your back? (Date: 10/15)		
11. Have you had any surgery for your hip? (Date: 10/15)		
12. Have you had any surgery for your knee? (Date: 10/15)		
13. Have you had any surgery for your ankle? (Date: 10/15)		
14. Have you had any surgery for your foot? (Date: 10/15)		
15. Have you had any surgery for your hand? (Date: 10/15)		
16. Have you had any surgery for your wrist? (Date: 10/15)		
17. Have you had any surgery for your elbow? (Date: 10/15)		
18. Have you had any surgery for your shoulder? (Date: 10/15)		
19. Have you had any surgery for your neck? (Date: 10/15)		
20. Have you had any surgery for your back? (Date: 10/15)		
21. Have you had any surgery for your hip? (Date: 10/15)		
22. Have you had any surgery for your knee? (Date: 10/15)		
23. Have you had any surgery for your ankle? (Date: 10/15)		
24. Have you had any surgery for your foot? (Date: 10/15)		
25. Have you had any surgery for your hand? (Date: 10/15)		
26. Have you had any surgery for your wrist? (Date: 10/15)		
27. Have you had any surgery for your elbow? (Date: 10/15)		
28. Have you had any surgery for your shoulder? (Date: 10/15)		
29. Have you had any surgery for your neck? (Date: 10/15)		
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40. Have you had any surgery for your back? (Date: 10/15)		
41. Have you had any surgery for your hip? (Date: 10/15)		
42. Have you had any surgery for your knee? (Date: 10/15)		
43. Have you had any surgery for your ankle? (Date: 10/15)		
44. Have you had any surgery for your foot? (Date: 10/15)		
45. Have you had any surgery for your hand? (Date: 10/15)		
46. Have you had any surgery for your wrist? (Date: 10/15)		
47. Have you had any surgery for your elbow? (Date: 10/15)		
48. Have you had any surgery for your shoulder? (Date: 10/15)		
49. Have you had any surgery for your neck? (Date: 10/15)		
50. Have you had any surgery for your back? (Date: 10/15)		
51. Have you had any surgery for your hip? (Date: 10/15)		
52. Have you had any surgery for your knee? (Date: 10/15)		
53. Have you had any surgery for your ankle? (Date: 10/15)		
54. Have you had any surgery for your foot? (Date: 10/15)		
55. Have you had any surgery for your hand? (Date: 10/15)		
56. Have you had any surgery for your wrist? (Date: 10/15)		
57. Have you had any surgery for your elbow? (Date: 10/15)		
58. Have you had any surgery for your shoulder? (Date: 10/15)		
59. Have you had any surgery for your neck? (Date: 10/15)		
60. Have you had any surgery for your back? (Date: 10/15)		
61. Have you had any surgery for your hip? (Date: 10/15)		
62. Have you had any surgery for your knee? (Date: 10/15)		
63. Have you had any surgery for your ankle? (Date: 10/15)		
64. Have you had any surgery for your foot? (Date: 10/15)		
65. Have you had any surgery for your hand? (Date: 10/15)		
66. Have you had any surgery for your wrist? (Date: 10/15)		
67. Have you had any surgery for your elbow? (Date: 10/15)		
68. Have you had any surgery for your shoulder? (Date: 10/15)		
69. Have you had any surgery for your neck? (Date: 10/15)		
70. Have you had any surgery for your back? (Date: 10/15)		
71. Have you had any surgery for your hip? (Date: 10/15)		
72. Have you had any surgery for your knee? (Date: 10/15)		
73. Have you had any surgery for your ankle? (Date: 10/15)		
74. Have you had any surgery for your foot? (Date: 10/15)		
75. Have you had any surgery for your hand? (Date: 10/15)		
76. Have you had any surgery for your wrist? (Date: 10/15)		
77. Have you had any surgery for your elbow? (Date: 10/15)		
78. Have you had any surgery for your shoulder? (Date: 10/15)		
79. Have you had any surgery for your neck? (Date: 10/15)		
80. Have you had any surgery for your back? (Date: 10/15)		
81. Have you had any surgery for your hip? (Date: 10/15)		
82. Have you had any surgery for your knee? (Date: 10/15)		
83. Have you had any surgery for your ankle? (Date: 10/15)		
84. Have you had any surgery for your foot? (Date: 10/15)		
85. Have you had any surgery for your hand? (Date: 10/15)		
86. Have you had any surgery for your wrist? (Date: 10/15)		
87. Have you had any surgery for your elbow? (Date: 10/15)		
88. Have you had any surgery for your shoulder? (Date: 10/15)		
89. Have you had any surgery for your neck? (Date: 10/15)		
90. Have you had any surgery for your back? (Date: 10/15)		
91. Have you had any surgery for your hip? (Date: 10/15)		
92. Have you had any surgery for your knee? (Date: 10/15)		
93. Have you had any surgery for your ankle? (Date: 10/15)		
94. Have you had any surgery for your foot? (Date: 10/15)		
95. Have you had any surgery for your hand? (Date: 10/15)		
96. Have you had any surgery for your wrist? (Date: 10/15)		
97. Have you had any surgery for your elbow? (Date: 10/15)		
98. Have you had any surgery for your shoulder? (Date: 10/15)		
99. Have you had any surgery for your neck? (Date: 10/15)		
100. Have you had any surgery for your back? (Date: 10/15)		

Yes, this is a lot.

Thank you for your patients and for your attention to detail.

Questions about any of this? Send an email to info@mit.edu or call our review of information as well as begin

in the office after the 2nd of August and will begin

- Next, on the Dashboard page, select “**COVID-19**” and complete the survey

SPORTSWARE ONLINE

Athlete: Cronan, Tom
Page: Dashboard

My Info
Med History
Treatment
COVID-19
Exercise
Forms
Print
Logout...

ATHLETE PORTAL - ATHLETE

Forms: You have 0 form(s) to complete/download.

Status
Last COVID form: 7/12/2020
Your Athlete Information is **INCOMPLETE**. Please click [here](#) to complete it.
Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.
Game Status: Limited
Practice Status: Limited

Notices And Handbooks

	Title
Open	Patient Guide to Upload Documents
Open	NCAA Medical Exception Form: for those students currently taking ADHD medication
Open	Sickle Cell Trait (SCT) _ Education & Awareness for student-athletes with SCT

Referrals

Show: Today This Week

Calendar: June 2021

SPORTSWARE ONLINE

Athlete: Cronan, Tom
Page: COVID-19 general

Save Cancel

STUDENT-ATHLETE COVID-19 SCREENING

Temperature: °F

CURRENT SYMPTOMS

No Fever or Chills

No Cough

No Shortness of breath or difficulty breathing

No Fatigue

No Body / Muscle Ache

No Headache

No Loss of Taste or Smell

No Sore Throat

No Congestion or Runny Nose

No Nausea or Vomiting

No Diarrhea

No None of the above

EXPOSURE/DIAGNOSIS IN PAST 14 DAYS

No Seen in contact with a confirmed COVID-19 patient?

No Visited and area affected with COVID-19?

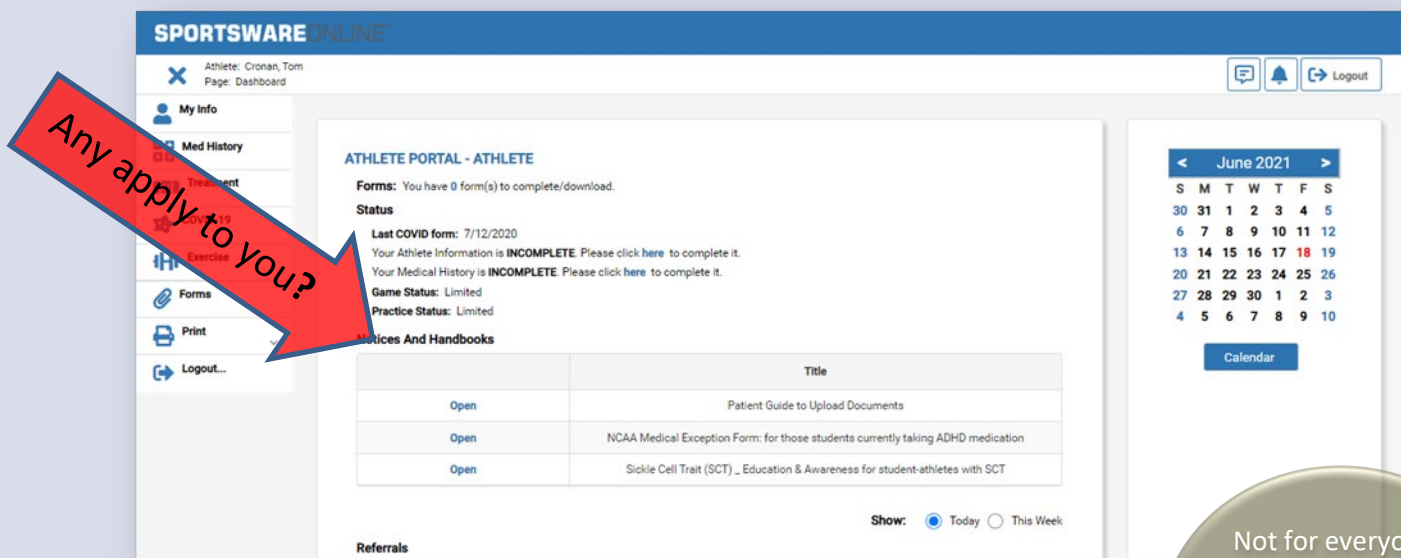
No Received a positive test resulting from COVID-19?

No None of the above

NOTE: In addition to completing this questionnaire: if you have been evaluated for COVID-19 or COVID-19 concerns, contact your doctor’s office staff to obtain documentation of prior COVID-19 test results and/or documentation from your appointment(s); then upload copies here to SportsWare. See the next page for a how-to. When completed, email mitsportsmed@gmail.com letting us know you’ve done this.

Questions about any of this? Send an email to: mitsportsmed@gmail.com We will be back in the office **after the 2nd of August** and will begin our review of information as well as begin to answer questions.

- Next, on the Dashboard page, under **Notices and Handbooks**, select any that apply to you; click "Open".



Any apply to you?

Not for everyone.
But for you?
If no, skip to next item

To determine if any of these apply to you, read the following carefully.

- "Patient Guide to Upload Documents"
 1. Helpful when you need to upload files to your SportsWare profile.
 2. For example, you'll upload a copy of the document you'll be prompted to print in the next section.
- "NCAA Medical Exception Form for this students currently taking ADHD medication"
 1. **Required IF** you meet the following criteria:
 - You have been diagnosed with ADHD **AND** are currently being treated with medication for this condition.
 - **NOTE:** This form is **required for select students in specific circumstances.**
 2. If this is true for you, you must include the associated documentation described.
 - This information takes time to gather, so contact your treating-physician's office immediately and send us an email letting us know: mitsportsmed@gmail.com
 3. When complete:
 - Scan the packet (copy of form and supporting documentation) and then upload here in SportsWare.
- "Sickle Cell Trait (SCT) _ Education & Awareness for student-athletes with SCT"
 1. **Required IF** you meet any the following criteria:
 - (1) You have Sickle Cell Disease, **OR** (2) you have Sickle Cell Trait, **OR** (3) you do not know your Sickle Cell status **&** have requested to be tested; via the form in Front Rush.
 2. **NOTE:** This form is **required for select students in specific circumstances.** If this applies to you, you must access the document and follow the instructions.

Not for everyone.
But for you?
If no, skip to next page

- Last step, from your Dashboard page, click **Print**.
 - We suggest that you print and save a summary of this information in a secure location/file for future reference.
 - After printing, upload a copy of this document via the **Forms** tab.

SPORTSWARE ONLINE™

Athlete: Cronan, Tom
Page: Dashboard

My Info
Med History
Treatment
COVID-19
Exercise
Forms
Print
Logout...

ATHLETE PORTAL - ATHLETE

Forms: You have 0 form(s) to complete/download.

Status

Last COVID form: 7/12/2020
Your Athlete Information is **INCOMPLETE**. Please click [here](#) to complete it.
Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.

Game Status: Limited
Practice Status: Limited

Notices And Handbooks

	Title
Open	Patient Guide to Upload Documents
Open	NCAA Medical Exception Form: for those students currently taking ADHD medication
Open	Sickle Cell Trait (SCT) _ Education & Awareness for student-athletes with SCT

Show: Today This Week

Referrals

Calendar

June 2021

S M T W T F S
30 31 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 1 2 3
4 5 6 7 8 9 10

If you are not in the habit of checking email, you'll need to form the habit 😊

Please note:

- If we have any follow-up questions for you, we'll reach out to you via your MIT email address.
 - **NOTE:** Email is the primary mode of communication for all MIT Compliance and Eligibility-related information exchange.
- If you have any questions about the medical clearance aspect of the compliance & eligibility process, send an email to: mitsportsmed@gmail.com
 - We will review your information; and answer any questions, when we are back in the office **after the 2nd of August**.

*Thank you for taking the time to work through all of this.
We appreciate it.*

*Have a safe and successful year!
Your [Athletic Training Staff](#)*

And when we are back in the habit of checking our email 😊