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

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    - The physical exam you submitted as a freshman is no longer valid.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.

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.
Before you begin:

(1) Plan to have the following documents/information readily available during this process:
   • Emergency Contacts
     o two separate contacts
     o **Note:** shared with your coach for access during away contests should anything happen.
   • Current Health Insurance Card
     o You will be entering the information manually, and
     o upload a clear/legible image of the front & the back of the card.
   • MIT Medical: **Medical Report** (1st year participants only)
     o (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
     o (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
     o including dosage.
   • Medical Alerts
     o 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**.

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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**

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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 spent in the ATR when he was a student-athlete.

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**ATR = Athletic Training Room.**

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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.

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

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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](http://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-Countr
    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 Var Ligh
    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.
• Then click the **Address** tab
  o Please review any pre-populated fields for accuracy and complete all blank fields
  o For Primary Address
    1. Enter home address
    2. Personal cell phone number
  o 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)
  o Before proceeding, click **“Save”** in the upper right corner of your screen.

** спортшрайв ONLINE**

**PRIMARY ADDRESS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>751 Edmande Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Cleveland</td>
</tr>
<tr>
<td>State</td>
<td>OH</td>
</tr>
<tr>
<td>Zip Code</td>
<td>44114</td>
</tr>
<tr>
<td>Country</td>
<td>United States</td>
</tr>
<tr>
<td>Phone</td>
<td>(216) 781-7625</td>
</tr>
<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>

**SECONDARY ADDRESS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>2121 George Hellen Drive Northland</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
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<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>

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

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

**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.
- 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.

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**MIT Sports Medicine Form**

<table>
<thead>
<tr>
<th>PRIMARY CONTACT</th>
<th>SECONDARY CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>First</td>
</tr>
<tr>
<td>Last</td>
<td>Last</td>
</tr>
<tr>
<td>Lname</td>
<td>Lname</td>
</tr>
<tr>
<td>Email</td>
<td>Email</td>
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<tr>
<td>relationship</td>
<td>relationship</td>
</tr>
<tr>
<td>phone</td>
<td>phone</td>
</tr>
<tr>
<td>address</td>
<td>address</td>
</tr>
<tr>
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<td>city</td>
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</tr>
<tr>
<td>zip code</td>
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<tr>
<td>country</td>
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</tr>
<tr>
<td>phone</td>
<td>phone</td>
</tr>
<tr>
<td>email</td>
<td>email</td>
</tr>
</tbody>
</table>

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- 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

### MIT Sports Medicine Form

- **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 the individual billed

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td>Policy Holder name.</td>
</tr>
<tr>
<td><strong>Holder</strong></td>
<td>Policy Holder Birthdate.</td>
</tr>
<tr>
<td><strong>ID</strong></td>
<td>Policy Holder ID.</td>
</tr>
<tr>
<td><strong>Group #</strong></td>
<td>unique ID # assigned to employer that offers a plan to employees</td>
</tr>
<tr>
<td><strong>Plan</strong></td>
<td>Insurance Plan.</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>The Insurance Plan type, e.g. PPO, HMO.</td>
</tr>
<tr>
<td><strong>See First</strong></td>
<td>The person the athlete must see for an initial visit and referral.</td>
</tr>
</tbody>
</table>

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:

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)

Doing this will prompt an “Incomplete” error message: **ignore it**.

Yes, **Ignore it**.

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

**our review of information as well as begin to answer questions.**
• Next, from your Dashboard page, click **My Info** again, the click the **Medical** tab,
  o 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.
  o Please leave the **Immunizations** section blank.
    1. You’ll have taken care of all of this when submitting your Medical Report to MIT Medical.
  o 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.
  o 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](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.
  o The **Paperwork** section should be left blank.
  o Before proceeding, click “**Save**” in the upper right corner of your screen.

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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

1. **An item without a Yes/No response does NOT = “No”**
2. 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.*
3. **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
     1. 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.

1. **IF YOU SKIP THIS STEP, YOUR DATA WILL NOT BE SAVED.**

**“Yes” responses without comments:**
1. Slow your packet’s review
2. Take time away from others

**Items without responses:**
1. Slow your packet’s review
2. Take time away from others

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Yes, this is a lot.

Thank you for your patients and for your attention to detail.
• Next, on the Dashboard page, select “COVID-19” and complete the survey

**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.

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

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 of 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.

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

Please note:
• If we have any follow-up questions for you, we'll reach out to you via your MIT email address.
  o **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
  o 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*