

Athletic Training Presentation



DELAWARE VALLEY UNIVERSITY

Each year, all student-athletes MUST have the following completed and sent to the Athletic Training Department in order to be able to participate in any intercollegiate-related activities

- **Athletic Insurance Verification Form**
- **Copy of your Insurance & Dental Cards (front and back)**
- **Physical Evaluation Form (on or after June 1, 2020)**
- **Copy of your Immunization Records**
- **Medical History Form**
- **Concussion Acknowledgement Form**
- **Athletic Consent and Treatment Form**
- **Sickle Cell Trait Reporting Form - MANDATED BY THE NCAA**
- **Sickle Cell Lab Results Verification**
- **Video of Balance Test Uploaded**
- **Copy of ImPACT Test Confirmation**
- **DeVal Social Media Policy/MAC Sportsmanship Agreement**
- **ADHD Physician Form (only if you have been prescribed medication)**
- **NCAA Student-Athlete Statement & Consent Form**



We have completely moved to Electronic Medical records (EMR) and the process in which to fill out and submit all of the necessary paperwork can be done via the medical portal.



The first step is to log on to the portal website at <https://delval.medicatconnect.com>

Select your School, Org. × +

lval.medicatconnect.com%2FShibboleth.sso%2FLogin%3FSAMLDS%3D1%26target%3Dss%253Afb3041b1c1558b8df82a568ae8ee8ebe53abb7bc56daf96d9e38aac7a5dfd126

InCommon

You are accessing:

sso.medicatconnect.com

Select your School, Organization, or Identity Provider:

Make your selection here

NEXT

☐ Do not remember my selection

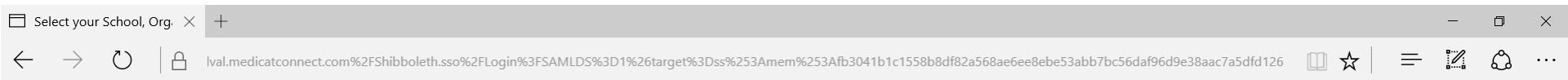
☒ Remember my selection for this session only

☐ Remember my selection permanently

About InCommon Help

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Select Delaware Valley University in the drop menu



You are accessing:

sso.medicatconnect.com

- Comodo CA Ltd.
- Connecticut College
- Contra Costa Community College District
- Copper Mountain Community College District
- Coppin State University
- Cornell University
- Creighton University
- Dartmouth College
- Davidson College
- Davidson County Community College
- Davie County Schools of North Carolina
- DePaul University
- Delaware Valley University**
- Dickinson College
- Drew University
- Duke University
- Duquesne University
- Durham Public Schools
- EDUCAUSE
- ESnet
- East Carolina University
- East Stroudsburg University of Pennsylvania
- Eastern Washington University
- Edinboro University of Pennsylvania
- El Camino Community College District
- Elon University
- Emerson College
- Emory University
- Fairfield University
- Fermi National Accelerator Laboratory

NEXT

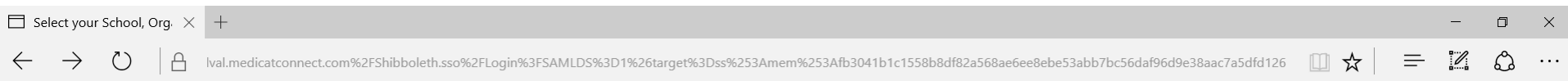
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Depending on where you are logging in from select the appropriate option



You are accessing:

sso.medicatconnect.com

Select your School, Organization, or Identity Provider:

Delaware Valley University

NEXT

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- ☒ Remember my selection permanently

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Log In using your DelVal student username and password for MYDELVAL



Login

Please login here

Username

Password

Remember me ☐



Once logged in you will be sent to your portals main page


Home

delval.medicatconnect.com/home.aspx

Locations and Hours

Anna Testpatient

Log Out



DELAWARE VALLEY
UNIVERSITY

Home

Immunization

Forms

Messages

Education


Upload

Thank you for logging into DelVal Student Health Services Patient Portal.

Currently you have access to:


- required forms
- immunization management
- patient education tools
- secure emails from your DelVal healthcare provider
- upload documents

To Do List




Upcoming Appointments

You do not have any upcoming appointments.



Forms

You have forms that need to be completed.



Messages

You have 0 unread message(s).

AGGIES

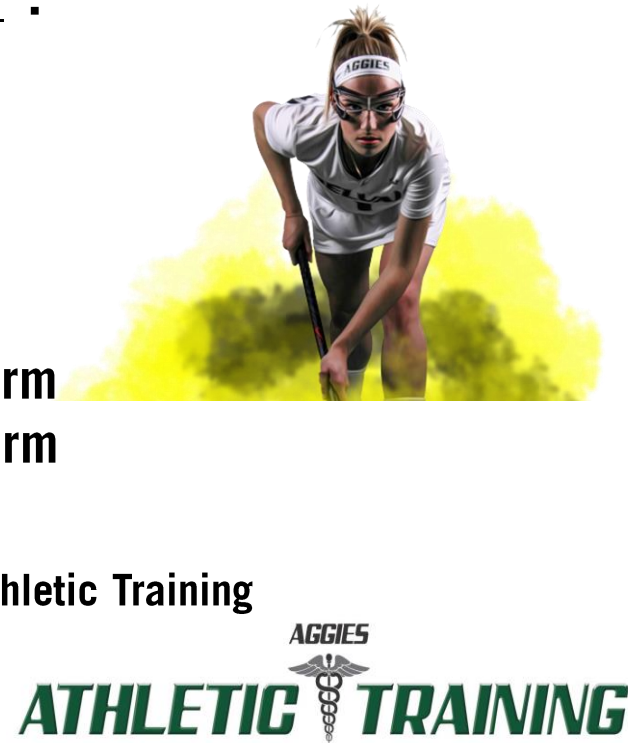
ATHLETIC TRAINING

Submitting Online Forms

Click on: “FORMS” Tab

- 1. Scroll Down: and complete all Health forms and Athletic forms that apply to you**
- 2. Click on each form that applies to you and fill it out entirely. After filling out each form, you must click “SUBMIT”:**
 - I. Consent to treat and Emergency Contact Form**
 - II. Medical History Form***
 - III. Athletic Insurance Verification Form**
 - IV. Concussion Acknowledgement Form**
 - V. Athletic Consent and Treatment Form**
 - VI. NCAA Student-Athlete Statement & Consent Form**
 - VII. MAC Sportsmanship & DeVal Social Media Form**
 - VIII. Sick Cell Verification Form(NEW Students)**

***Medical History Form is used by both the Health Center and Athletic Training**



Scroll down and click the Forms Icon

Home

delval.medicatconnect.com/home.aspx


Home Immunization Forms Messages Education Upload

Thank you for logging into DeVal Student Health Services Patient Portal.

Currently you have access to:


- required forms
- immunization management
- patient education tools
- secure emails from your DeVal healthcare provider
- upload documents

To Do List




Upcoming Appointments

You do not have any upcoming appointments.




Forms

You have forms that need to be completed.




Messages

You have 0 unread message(s).



Uploads

You have documents that need to be uploaded. Please click the Upload link to send us the documents.



Immunizations

AGGIES
ATHLETIC TRAINING

Scroll down and complete all Health & Athletic Forms

Forms


https://delval.medicatconnect.com/forms.aspx


Apps Bookmarks DelVal Email Delaware Valley College https://delval.medicatconnect.com/forms.aspx Login - East Stroudsburg Astraschedule - Astraschedule Google Scholar RightNow Media Kelly Fantasy Football ImPACT Applications ADP Welcome: The Knot

DELWARE VALLEY UNIVERSITY


Home Immunizations Forms Education Upload


Required Health Forms


 [Medical History](#)
All incoming full-time freshman students, transfer students, new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form


 [Consent to Treat and Emergency Contact Form](#) Completed on 8/15/2017


Athletics Forms


 [1. Athletic Consent and Treatment Form](#)
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form.

 [2. Athletics Insurance Verification](#)
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form.

 [3. Concussion Acknowledgement Form](#)
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form

 [4. Sickle Cell Verification Form](#)
All new intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form.

 [5. NCAA Student-Athlete Statement & Consent Form](#)
All new and returning intercollegiate sports participants, or Equine students planning to participate in Hunt-Seat or Dressage must complete this form. Please select ALL teams you are planning on joining this year, if you decide to join another team that was not listed on your original submission you will have to fill out the form again.

 [6. MAC Sportsmanship & DVU Social Media Agreements*](#)
All new and returning intercollegiate sports participants, or Equine students planning to participate in Hunt-Seat or Dressage must complete this form.

Downloadable Forms

[ADHD Physician's Form](#)

Athletic Consent and Treatment Form



1. Athletic Consent and Treatment Form

Athletic Training Authorization for Treatment and Consent for Release of Information Form

Medical Authorization Form

I/We hereby grant permission to Delaware Valley University and their physicians to render first aid treatment and medical or surgical care deemed reasonably necessary.

I/We further authorize the Athletic Trainers at Delaware Valley University, who are under the direction and guidance of Gregory Gallant M.D., to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary.

I/We additionally grant permission for hospitalization, treatment or surgery at a competent and/or accredited facility when necessary for the protection, health, and well-being of.

By typing my full name and student ID below, I acknowledge that this will serve as my electronic signature. *

Date: *

Parent/Guardian Signature. By typing my full name below, I acknowledge that this will serve as my electronic signature.

Date:

Release of Information Authorization

I/We hereby authorize Delaware Valley University administration, certified athletic trainers,



Athletic Insurance Verification Form


Template Note

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Locations and Hours

Anna Testpatient

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Home Immunization Forms Messages Education Upload

2. Athletics Insurance Verification

All Athletes are required to provide a Health Insurance Verification Form each year. If you do not have health insurance, you can purchase an insurance plan from the University. This completed Insurance Verification form and a copy of your **INSURANCE CARD**, Front and Back, must be received in the Athletic Training Department. If you have **DENTAL INSURANCE**, please provide us a copy of your dental insurance card.

Student Name: *

Sport(s): *

Social Security Number: *

Date of Birth: *

Home Phone: *

Student's Cell Phone: *

Home Address (Street, City, State, Zip): *

Concussion Acknowledgement Form


Template Note

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Locations and Hours

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3. Concussion Acknowledge Form

Concussion Acknowledgement:

In 2010, the NCAA mandated that all student-athletes sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including the signs and symptoms of a concussion. When a student athlete is diagnosed with a concussion by any Athletic Trainer they will be referred to one of our Team Physicians for further assessment. Once they are symptom free and cleared by our physician to begin the return to play progression that progression will be supervised by one of our staff athletic trainers.

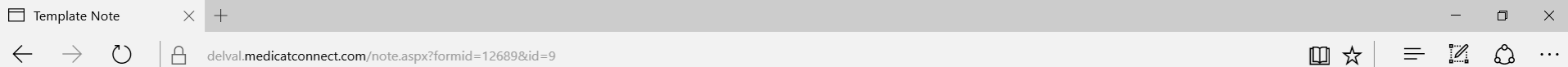
What is a concussion?

- ~It is caused by a blow to the head or body.
- ~Can be from contact with another player, hitting a hard surface (ground, floor, ice, etc.) or being hit by a piece of equipment (ball, lacrosse stick, etc.) or a car accident
- ~Can change the way your brain normally works
- ~Can range from mild to severe
- ~Presents itself differently for each athlete
- ~Can occur during practice, competition or conditioning in any sport and at home
- ~Can happen even if you **DO NOT** lose consciousness

How can I prevent a concussion?

- ~Do not initiate contact with your head or helmet (you can still get a concussion even if you're wearing a helmet)
- ~Avoid striking an opponent in the head
- ~Follow your athletic department's rules of safety and the rules of the sport
- ~ Practice good sportsmanship at all times

Sickle Cell Reporting Form



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4. Sick Cell

Delaware Valley University Sick Cell Trait - Reporting Form:

About Sick Cell Trait:

~Sick Cell Trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.

~Sick Cell Trait is a common condition (> three million Americans)

Although Sick Cell Trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South/Central American ancestry, persons of all races and ancestry may test positive.

~An undiagnosed trait can be dangerous, even fatal. During intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood and possible death. Twenty-one college football players with Sick Cell Trait have collapsed and died over the past decade.

~If an athlete tests positive, he or she will still be able to participate in athletics activities with certain precautions.

More information on Sick Cell Trait may be found at the following NCAA website:

<http://www.ncaa.org/wps/wcm/myconnect/public/NCAA/Health+and+Safety/Sickle+Cell/Sickle+Cell+Landing+Page>

Sick Cell Trait Testing:

The NCAA has mandated that all Division III student-athletes be tested for Sick Cell Trait and show proof of a prior test, before participating in athletic-related activities, including intercollegiate athletics events, strength and conditioning sessions, practices, competitions, etc.



Medical History Form


Template Note

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Locations and Hours

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Home

Immunization

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Medical History
Report of Medical History
Please complete this form before going to your physician for examination

Do you have Allergies to: (List and Include reaction):

Medication Allergies:

Environmental Allergies:

Food/insect Allergies:

List All medications you are now taking (include over the counter, supplements, birth control pills, allergy serum, psychotropic).
Include the dose.


List any illness or medical condition for which you are currently being treated.

NCAA Student-Athlete Statement & Consent Form

Mail - Matthew.Kelly@de... x Template Note x original - Google Search x

Secure | https://delval.medicatconnect.com/note.aspx?formid=13282&id=12

Apps | Bookmarks | DelVal Email | Delaware Valley Coll | https://delval.medicatconnect.com | Login - East Stroudsburg | Astra Schedule - Ast | Google Scholar | Other bookmarks

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Home | Immunizations | Forms | Education | Upload

5. NCAA Student-Athlete Statement & Consent Form

Student-Athlete Name: *

Sport(s) participation: *

- ☐ baseball
- ☐ basketball - men's
- ☐ basketball - women's
- ☐ cheerleading
- ☐ cross country-men's
- ☐ cross country-women's
- ☐ equestrian - dressage
- ☐ equestrian - hunter seat
- ☐ field hockey
- ☐ football
- ☐ golf - men's
- ☐ golf - women's
- ☐ lacrosse - men's
- ☐ lacrosse - women's
- ☐ soccer - men's
- ☐ soccer - women's
- ☐ softball
- ☐ tennis - men's
- ☐ tennis - women's
- ☐ track and field - men's

MAC Sportsmanship & DelVal Social Media Policy Form



Home Immunizations Forms Education Upload

6. MAC Sportsmanship & DVU Social Media Agreements

MAC Student-Athletes:

In order to ensure a positive competitive environment for our student-athletes and teams, all MAC constituents must understand and appreciate conference guidelines on sportsmanship and behavior, and the process for meeting those expectations. Please read these excerpts from the Fact Book and contact your coach or director of athletics about any questions. To verify that you have read and understand these policies and procedures, please sign and date this document and return to your director of athletics or compliance officer. The completed form remains in effect for the duration of your athletics eligibility at this institution.

DISPUTE RESOLUTION

MAC Fact Book

Operations

Article VII

A. Disputes regarding the rules and regulations of any particular sport must be resolved at the competition site. The referee's decisions are final. Also there shall be no protests of judgment calls.

B. For any disputes of administration during a championship or conference contest, the following procedure has been adopted:

1. The coaches, officials, and/or game site manager should first attempt to reach resolution at the site.
2. An athletic administrator may bring the dispute to the MAC Executive Director, in writing, within three days following the championship.
3. The Executive Director will contact Athletic Directors Board members for investigation. A majority vote by the Athletic Directors Board is required for the appeal to be upheld.
4. Decisions of the Athletic Directors Board may be appealed to the Executive Committee.

5. If the timing of the appeal does not permit contact with the three Athletic Directors Board members, the Executive Director, as chief operating officer of the MAC, is empowered to act immediately on the matter.

C. For disputes unrelated to the rules and regulations of any particular sport, including but not limited to recruitment, fan behavior, and advertisement and promotion, the following procedure has been adopted:

1. Athletic directors of involved institutions should first attempt to reach resolution.
2. Issues that cannot be resolved between athletic administrators at the institutional level will be considered by the Athletics Directors Board after the MAC Executive Director receives the dispute in writing.



For each of these forms they cannot be submitted until all required fields are filled


Template Note

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Locations and Hours

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 **DELAWARE VALLEY**
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2. Athletics Insurance Verification

All Athletes are required to provide a Health Insurance Verification Form each year. If you do not have health insurance, you can purchase an insurance plan from the University. This completed Insurance Verification form and a copy of your **INSURANCE CARD**, Front and Back, must be received in the Athletic Training Department. If you have **DENTAL INSURANCE**, please provide us a copy of your dental insurance card.

Student Name: *

Sport(s): *


Social Security Number: *

Date of Birth: *

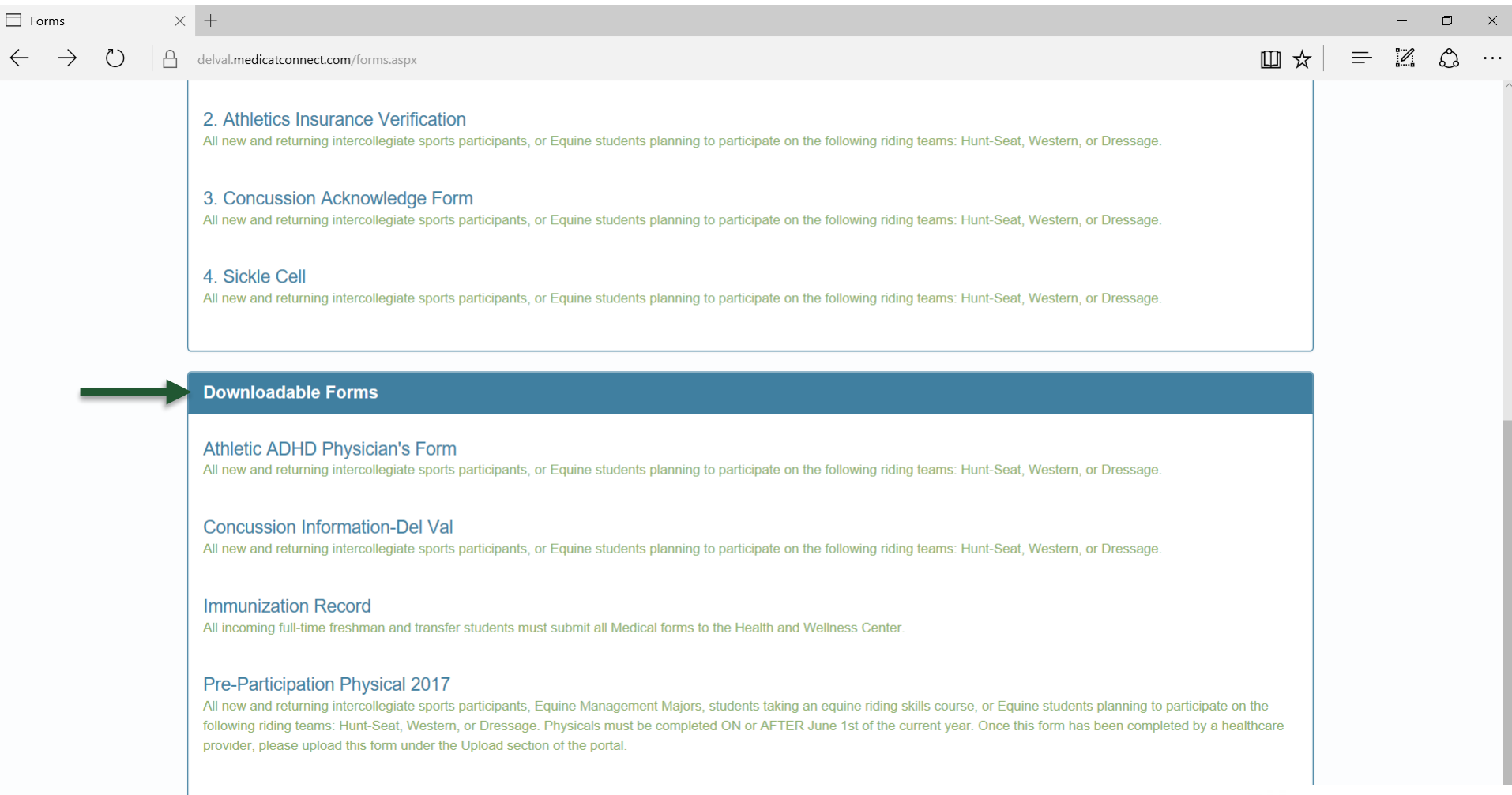
Home Phone: *

Student's Cell Phone: *

Home Address (Street, City, State, Zip): *



Once these are completed scroll Down to: DOWNLOADABLE FORMS Section



Forms

delval.mediatconnect.com/forms.aspx

2. Athletics Insurance Verification
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

3. Concussion Acknowledge Form
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

4. Sickie Cell
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

Downloadable Forms

Athletic ADHD Physician's Form
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

Concussion Information-Del Val
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

Immunization Record
All incoming full-time freshman and transfer students must submit all Medical forms to the Health and Wellness Center.

Pre-Participation Physical 2017
All new and returning intercollegiate sports participants, Equine Management Majors, students taking an equine riding skills course, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage. Physicals must be completed ON or AFTER June 1st of the current year. Once this form has been completed by a healthcare provider, please upload this form under the Upload section of the portal.

Click on each one to download

3. Concussion Acknowledgement Form
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form

4. Sick Cell Verification Form
All new intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form.

5. NCAA Student-Athlete Statement & Consent Form
All returning intercollegiate sports participants, or Equine students planning to participate in Hunt-Seat or Dressage must complete this form. Please select ALL teams you are planning on joining this year, if you decide to join another team that was not listed on your original submission you will have to fill out the form again.

Downloadable Forms

ADHD Physician's Form
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage must complete this form if applicable

Concussion Information-Del Val
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

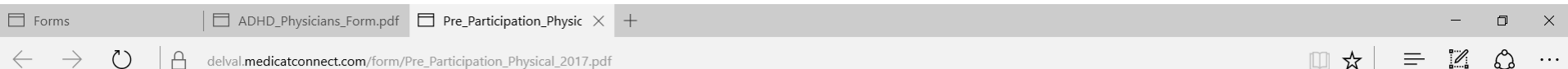
Immunization Record
All incoming full-time freshman and transfer students must complete and upload/submit a physician signed copy of this form.

NCAA Banned Substances
Information about NCAA Banned Substances for all new and returning intercollegiate sport participants, or Equine students planning on joining the Hunt-seat or Dressage teams.

Pre-Participation Physical Form
All new and returning intercollegiate sports participants, Equine Management Majors, students taking an equine riding skills course, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage. Physicals must be completed ON or AFTER June 1st of the current year. Once this form has been completed by a healthcare provider, please upload the form under the Upload section of the portal.

NCAA_Banned_Subs....tif NCAA_Banned_Subs....tif

Print out the Physical Exam Form and must be completed after 6/1/2020



Delaware Valley University

Student Health and Wellness Center
700 East Butler Avenue
Doylestown, PA 18901

Phone: 215-489-2252
Fax: 215-230-2990
Email: HealthCenter@delval.edu

Return completed forms to:

Report of Pre Participation Physical Examination

_____/_____/_____
Last Name (print) First Name MI Date of Birth Sport

Height: ____ Weight: ____ Vision: Right ____/____ Left ____/____ Corrected: Y N

Brachial Artery (sitting position) BP Left arm ____/____ Right arm ____/____ Resting Pulse ____

**Sickle Cell Screening: Sickle Cell disease ____Yes ____No Sickle Cell Trait ____Yes ____No

**** Documentation Mandated by the NCAA for student athletes (please attach copy of newborn screening or lab results) ****

Provider must complete date and sign this form - Please Check each item in the column provided - Describe abnormal findings fully			
Area of Evaluation	Normal	Abnormal Please Describe	
Head, Face and Scalp			
Nose and Sinuses			
Mouth, Throat			
Ears / Hearing			
Eyes / Pupils			
Neck			
Lungs, Chest, Breast			
Abdomen (include hernia)			
Gastro Intestinal			
Endocrine System			
Genitourinary			
Neurologic			
Musculoskeletal:			
Feet and Ankles			
Lower Extremities			
Upper Extremities			
Spine			
Cardiovascular			
Cardiovascular: (if athlete has been evaluated for the following symptoms attach documentation)			
Does the patient have a heart murmur?	Yes	No	Further testing (comments)
Does the patient have a cardiac arrhythmia			
Does the patient present with physical stigmata of Marfan Syndrome?			
Are Bilateral femoral pulses to exclude aortic coarctation within normal limits?			

This MUST be signed/stamped by a Physician with the date of the exam



Print out Immunizations Form and have your Doctor's office fill out and stamp/sign

Forms | ADHD_Physicians_Form.pdf | Pre_Participation_Physical_2 | Concussion_Information-De | Immunization_Record_2

delval.mediatconnect.com/form/Immunization_Record_2017.pdf

1 of 1

Return completed forms to: Delaware Valley University
Student Health and Wellness Center
700 East Butler Avenue
Doylestown, PA 18901
Phone: 215-489-2252
Fax: 215-230-2990
Email: HealthCenter@delval.edu

Name _____ Date of Birth ____/____/____

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

Required Immunizations

A. MENINGOCOCCAL Quadrivalent Required If the student first received the meningitis vaccine prior to turning 16 years of age, a second, or booster vaccine, is required.
#1 ____/____/____ #2 ____/____/____
Mo Day Yr Mo Day Yr

B. VARICELLA (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or **TWO** doses of vaccine meets the requirement.)
1. History of Disease Yes ____ No ____ or Birth in the U.S. before 1980 Yes ____ No ____
2. Varicella antibody ____/____/____ Result: Reactive ____ Non-reactive ____
Mo Day Yr
3. Immunization (Required 2 doses) a. Dose #1 ____/____/____ b. Dose #2 ____/____/____

C. MMR. (Measles, Mumps, Rubella) Required (2 doses) Dose #1 ____/____/____ #2 ____/____/____

D. TETANUS-DIPHTHERIA-PERTUSSIS Required Primary series with booster with Tdap booster in the last ten years
1. Primary series completed... ____/____/____ 2. Tdap booster ____/____/____
Mo Day Yr Mo Day Yr

E. HEPATITIS B Required (Three doses of vaccine or positive hepatitis B surface antibody meets the requirement.)
1. Immunization (hepatitis B) Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
2. Immunization (Combined hepatitis A and B vaccine)
Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
3. Hepatitis B surface antibody Date ____/____/____ Result: Reactive ____ Non-reactive ____
Mo Day Yr

F. POLIO Required Completion of primary series ☐ YES ☐ NO Date of last booster ____/____/____

Recommended

G. HUMAN PAPILLOMAVIRUS VACCINE (HPV) Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

H. HEPATITIS A Dose #1 ____/____/____ Dose #2 ____/____/____

I. Meningococcal B Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

Manually enter in your immunizations with dates in this section then upload your record

Home x +

delval.medicatconnect.com/home.aspx


Home Immunization Forms Messages Education Upload

Thank you for logging into DeVal Student Health Services Patient Portal.

Currently you have access to:


- required forms
- immunization management
- patient education tools
- secure emails from your DeVal healthcare provider
- upload documents

To Do List




Upcoming Appointments

You do not have any upcoming appointments.




Forms

You have forms that need to be completed.




Messages

You have 0 unread message(s).




Uploads

You have documents that need to be uploaded. Please click the Upload link to send us the documents.



Immunizations




Download and carefully read through Concussion Information

Forms x NCAA_Concussion_Student_Infor x +

https://delval.medicatconnect.com/form/NCAA_Concussion_Student_Information.pdf

Apps Bookmarks DelVal Email Delaware Valley College https://delval.medicatconnect.com/form/NCAA_Concussion_Student_Information.pdf Login - East Stroudsburg Astraschedule - Astraschedule Google Scholar RightNow Media Kelly Fantasy Football ImPACT Applications ADP Welcome: The Knot

NCAA_Concussion_Student_Information.pdf 1 / 2



CONCUSSION SAFETY

WHAT STUDENT-ATHLETES NEED TO KNOW

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team.

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach.

Download and carefully read through Banned Substance Information



2019-20 NCAA Banned Substances

It is the student-athlete's responsibility to check with the appropriate or designated athletics staff before using any substance.

The NCAA bans the following drug classes.

- Stimulants.
- Anabolic agents.
- Alcohol and beta blockers (banned for rifle only).
- Diuretics and masking agents.
- Narcotics.
- Cannabinoids.
- Peptide hormones, growth factors, related substances and mimetics.
- Hormone and metabolic modulators (anti-estrogens).
- Beta-2 agonists.

Note: Any substance chemically/pharmacologically related to all classes listed above and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) 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. Examples of substances under each class can be found at www.ncaa.org/drugtesting. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

- Blood and gene doping.
- Local anesthetics (permitted under some conditions).
- Manipulation of urine samples.
- Beta-2 agonists (permitted only by inhalation with prescription).
- Tampering of urine samples.

NCAA Nutritional/Dietary Supplements:

Warning: Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!

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



ADHD Physician's Form (only if applies to you)

Forms ADHD_Physicians_Form

delval.medicatconnect.com/form/ADHD_Physicians_Form.pdf

Delaware Valley University
Return Forms To:

Student Health and Wellness Center
700 East Butler Avenue
Doylestown, PA 18901

Phone: 215-489-2252
Fax: 215-230-2990
Email: HealthCenter@delval.edu

Athletic Training

ADHD Physician's Form

The following is the recommended *minimum* requirements of required documentation from the prescribing physician to provide documentation to the Athletics Department/Athletic Training Staff regarding assessment of student-athletes taking prescribed stimulants for Attention Deficit Hyperactivity Disorder (ADHD), in support of an NCAA Medical Exception request for the use of a banned substance. For more information on this NCAA policy, please visit: <http://www.ncaa.org/wps/ncaa?ContentID=481>

Name: _____ DOB: _____

Current Clinical Evaluation Date: _____ BP: ____/____ Pulse: _____

Comments: _____

ADHD Rating Scale: _____ Patient Scores: _____

Diagnosis: _____

Medication/Dosage/Frequency: _____

F/U Orders: _____

Adderall and Ritalin are NCAA banned substances. Have other medications been considered? N or Y

Comments: _____

First Clinical Evaluation

Date: _____ BP: ____/____ Pulse: _____

Comments: _____

ADHD Rating Scale: _____ Patient Scores: _____

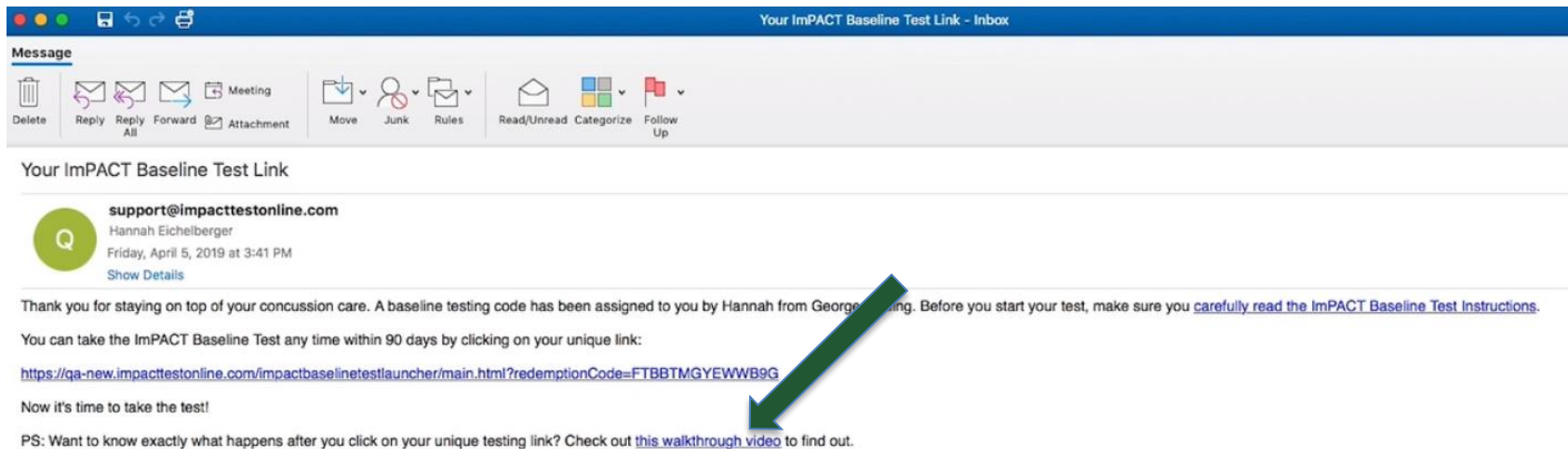
Diagnosis: _____

Medication/Dosage: _____

F/U Orders: _____

ImPACT Baseline Confirmation Page

Make sure you watch the walkthrough video which will be included on your email from ImPACT.

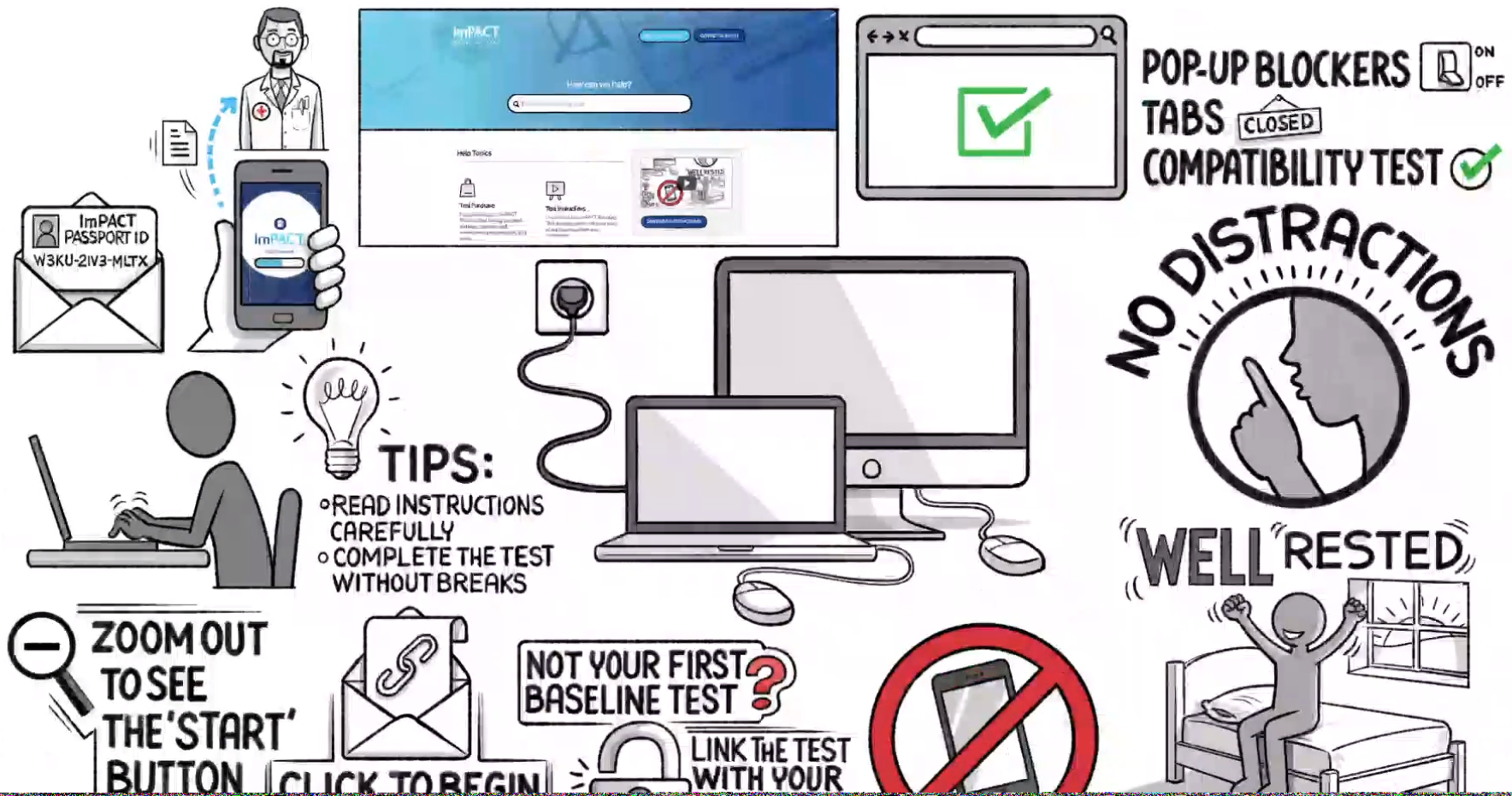


ImPACT Baseline Confirmation Page



**READ INSTRUCTIONS CAREFULLY, AND DO YOUR BEST
ON ALL PARTS OF THE BASELINE TEST!**

ImPACT Baseline Confirmation Page



ImPACT Baseline Confirmation Page


Then click the link to take your ImPACT Test

Message

Your ImPACT Baseline Test Link - Inbox

Delete Reply Reply All Forward Attachment Meeting Move Junk Rules Read/Unread Categorize Follow Up

Your ImPACT Baseline Test Link

 **support@impacttestonline.com**
Hannah Eichelberger
Friday, April 5, 2019 at 3:41 PM
[Show Details](#)

Thank you for staying on top of your concussion care. A baseline testing code has been assigned to you by Hannah from Gonzales Skiing. Before you start your test, make sure you [carefully read the ImPACT Baseline Test Instructions](#).

You can take the ImPACT Baseline Test any time within 90 days by clicking on your unique link:

<https://qa-new.impacttestonline.com/impactbaselinetestlauncher/main.html?redemptionCode=FTBBTIMGYEWVB>

Now it's time to take the test!

PS: Want to know exactly what happens after you click on your unique testing link? Check out [this walkthrough video](#) to find out.



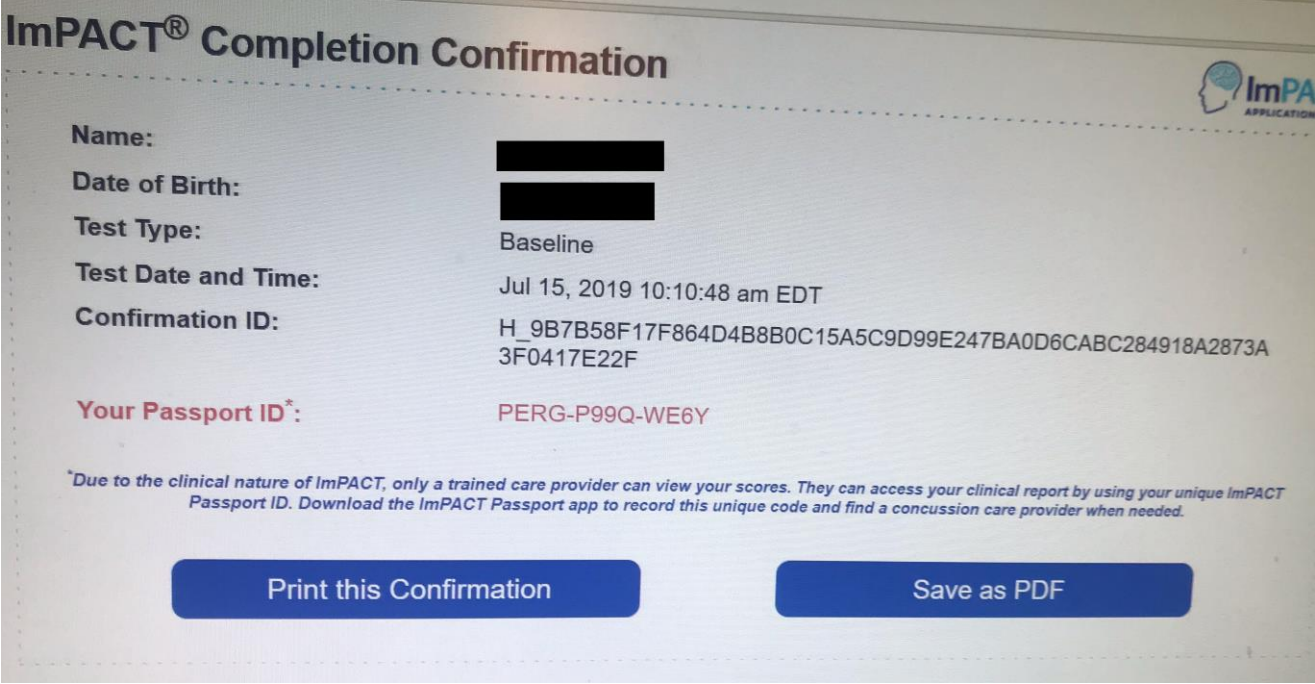
ImPACT Baseline Confirmation Page

- *Once you have completed your test, a confirmation page will appear with an option to email yourself this confirmation. Type in your email in the space provided and send it to yourself for your own records.*



ImPACT Baseline Confirmation Page

- Next click the option print your results or to save it as a PDF. You can either upload the PDF file, print this out and upload it, or take a picture of the confirmation on your phone and upload the picture into Mediat.***



The image shows a screenshot of the ImPACT Completion Confirmation page. The page has a light gray background with a dashed border. At the top left, the title "ImPACT® Completion Confirmation" is displayed in a bold, dark font. In the top right corner, there is a logo for "ImPA APPLICATION" featuring a stylized head icon. The form contains several fields with labels on the left and values on the right. The "Name:" field is redacted with a black box. The "Date of Birth:" field is also redacted. The "Test Type:" field shows "Baseline". The "Test Date and Time:" field shows "Jul 15, 2019 10:10:48 am EDT". The "Confirmation ID:" field shows a long alphanumeric string: "H_9B7B58F17F864D4B8B0C15A5C9D99E247BA0D6CABC284918A2873A3F0417E22F". The "Your Passport ID*" field shows "PERG-P99Q-WE6Y". Below the form fields, there is a small italicized disclaimer. At the bottom, there are two blue buttons: "Print this Confirmation" and "Save as PDF".

ImPACT® Completion Confirmation

Name: [REDACTED]

Date of Birth: [REDACTED]

Test Type: Baseline

Test Date and Time: Jul 15, 2019 10:10:48 am EDT

Confirmation ID: H_9B7B58F17F864D4B8B0C15A5C9D99E247BA0D6CABC284918A2873A3F0417E22F

Your Passport ID*: PERG-P99Q-WE6Y

**Due to the clinical nature of ImPACT, only a trained care provider can view your scores. They can access your clinical report by using your unique ImPACT Passport ID. Download the ImPACT Passport app to record this unique code and find a concussion care provider when needed.*

Print this Confirmation **Save as PDF**

ImPACT Baseline Confirmation Page

- If there is an indication on your page that you will need to retake your baseline test you will receive an email from ImPACT instructing you to take the test again.***

From: support@impacttestonline.com <support@impacttestonline.com>
Sent: [REDACTED]
To: [REDACTED]
Subject: [Important] Your ImPACT Baseline Test results are invalid

Thank you for taking an ImPACT Baseline Test. Unfortunately, your results came back as **invalid**.

A test may be considered invalid for one or more of the following reasons: a failure to follow instructions, being too tired, experiencing left-right confusion, or some other issue. For the complete list of reasons, check our Help Center - <https://help.concussionmanagement.com/knowledge-base/what-does-an-invalid-impact-baseline-test-mean/>.

Please allow **48 hours** before taking an ImPACT Baseline Test again. You can use **the same link** you've received in your purchase confirmation email. Carefully **review test taking instructions** <https://impacttest.box.com/v/ImPACTBaselineTestInstructions> before re-taking an ImPACT Baseline Test.

PS: Your ImPACT Passport ID is **3LVJ-V7D7-Q3QX**. Please **save your ImPACT Passport ID**. It helps grant healthcare providers access to your clinical reports. You can download ImPACT Passport at <https://baselinetesting.com/download-impact-passport-app/>.

Uploading Forms

On Home page, click “UPLOAD” tab (Make Sure the Form or Object is of the appropriate format PDF, JPEG, App in Cell Phone)

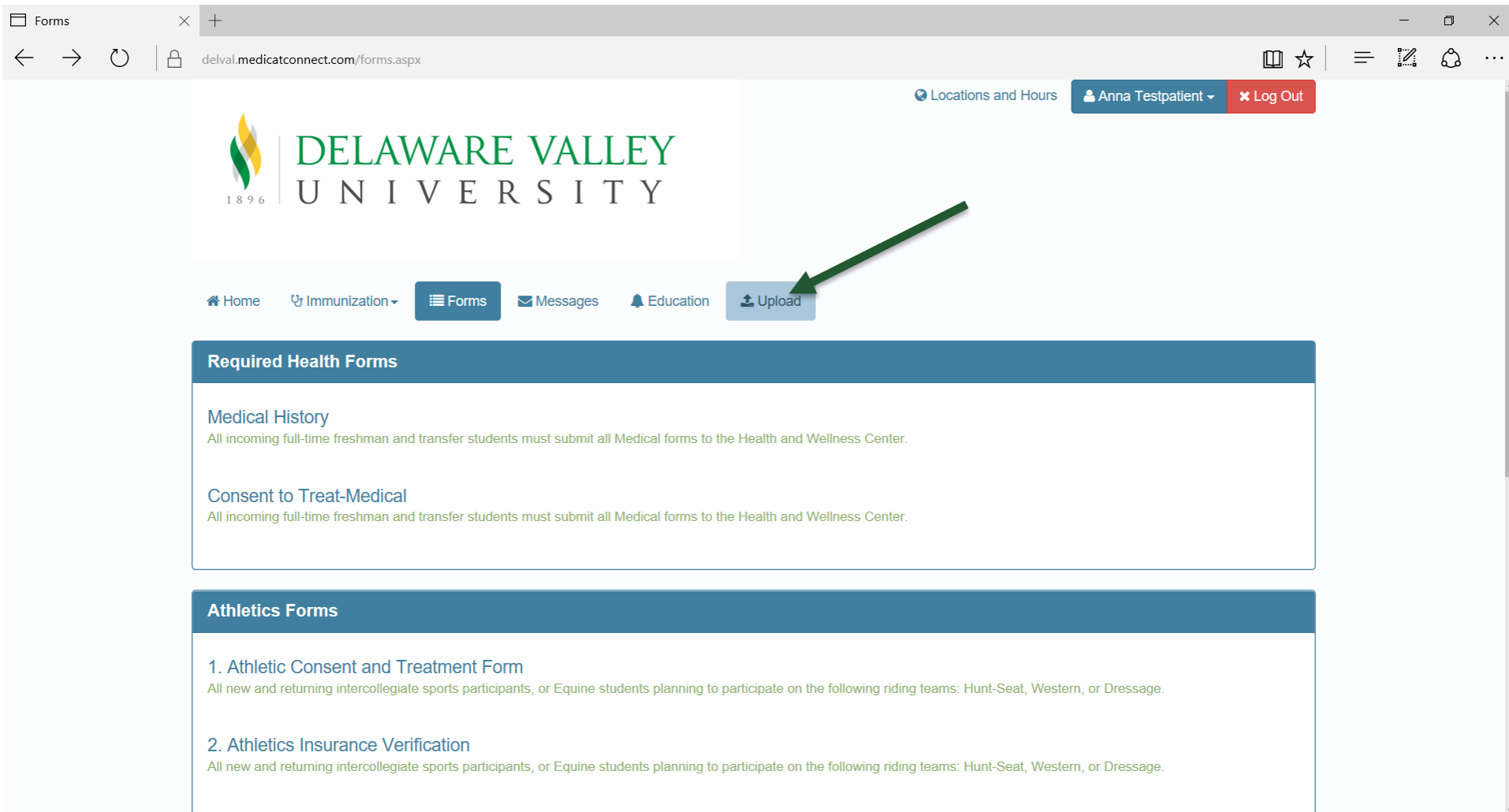
• Select the appropriate Form/Object to be uploaded from the drop down menu:

- A. Pre - Participation Physical Signed by Physician and Dated JUNE 1st 2020 or after***
- B. Health Insurance Card Clear Picture or Photo Copy FRONT and BACK***
- C. Dental Insurance Card (If Applicable) Clear Picture or Photo Copy FRONT and BACK***
- D. Immunization Records (NEW Students) completed /signed form, from Physician***
- E. Sickle Cell Lab Test Results or Newborn Screening Scan Results/Screening***
- F. ImPACT Test Confirmation Page***
- G. ADHD Physician's Form***

Click on “Upload” Each time you upload a file it will appear under the “DOCUMENTS ALREADY ON FILE”.



When your forms are completed scroll back up and click on the Upload Tab



The screenshot shows a web browser window with the URL `delval.medicatconnect.com/forms.aspx`. The page header includes the Delaware Valley University logo (1896) and the text "DELAWARE VALLEY UNIVERSITY". In the top right corner, there are links for "Locations and Hours", a user profile for "Anna Testpatient", and a "Log Out" button. The navigation menu at the bottom of the header includes "Home", "Immunization", "Forms", "Messages", "Education", and "Upload". A green arrow points to the "Upload" tab. Below the navigation menu, there are two main sections: "Required Health Forms" and "Athletics Forms".

Required Health Forms

- Medical History**
All incoming full-time freshman and transfer students must submit all Medical forms to the Health and Wellness Center.
- Consent to Treat-Medical**
All incoming full-time freshman and transfer students must submit all Medical forms to the Health and Wellness Center.

Athletics Forms

- 1. Athletic Consent and Treatment Form**
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.
- 2. Athletics Insurance Verification**
All new and returning intercollegiate sports participants, or Equine students planning to participate on the following riding teams: Hunt-Seat, Western, or Dressage.

Once on the Upload Page use the drop menu to select what you will upload



[Locations and Hours](#)

[Anna Testpatient](#)



[Home](#) [Immunizations](#) [Forms](#) [Education](#) [Upload](#)

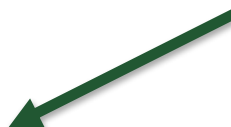
Instructions

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Browse to your file. It must be smaller than 5 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Click Upload.

Documents available to be uploaded:

5. Immunization Record
ADHD Physician's Form
Dental Insurance Card-BACK
Dental Insurance Card-FRONT
Health Insurance Card-BACK
Health Insurance Card-FRONT
ImPACT Baseline
Pre-Participation Physical Exam
Sickle Cell Newborn Screening/Lab Results

Choose document you are uploading:



Documents already on file



Make sure you select the correct file you wish to upload and that it is a JPEG or PDF File

Document Upload

delval.medicatconnect.com/docupload.aspx

1896 UNIVERSITY

Home Immunization Forms Messages Education Upload

Instructions

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Browse to your file. It must be smaller than 30 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Click Upload.

Documents available to be uploaded:

- 5. Immunization Record
- Athletics-ADHD Physician's Form 2017-2018
- Back Of Dental Insurance Card 2017-2018
- Back Of Health Insurance Card 2017-2018
- Front Of Dental Insurance Card 2017-2018
- Front Of Health Insurance Card 2017-2018
- Pre-participation Physical 2017-2018

- 5. Immunization Record
- Athletics-ADHD Physician's Form 2017-2018
- Back Of Dental Insurance Card 2017-2018
- Back Of Health Insurance Card 2017-2018
- Front Of Dental Insurance Card 2017-2018
- Front Of Health Insurance Card 2017-2018
- Pre-participation Physical 2017-2018
- Sickle Cell Newborn Screening/Lab Results
- Skin Evaluation And Participation Status

Once you selected it will only be submitted after you click upload

Document Upload

delval.mediatconnect.com/docupload.aspx

Home Immunization Forms Messages Education Upload

Instructions

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Browse to your file. It must be smaller than 30 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Click Upload.

Documents available to be uploaded:

5. Immunization Record
Athletics-ADHD Physician's Form 2017-2018
Back Of Dental Insurance Card 2017-2018
Back Of Health Insurance Card 2017-2018
Front Of Dental Insurance Card 2017-2018
Front Of Health Insurance Card 2017-2018
Pre-participation Physical 2017-2018
Sickle Cell Newborn Screening/Lab Results
Skin Evaluation And Participation Status

Choose document you are uploading:

Pre-participation Physical 2017-2018

Change uploading.jpeg

Upload

Documents already on file

As you upload files, they will appear under documents already on file

Document Upload

delval.mediatconnect.com/docupload.aspx

Home Immunization Forms Messages Education Upload

Instructions

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Browse to your file. It must be smaller than 30 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Click Upload.

Documents available to be uploaded:

- 5. Immunization Record
- Athletics-ADHD Physician's Form 2017-2018
- Back Of Dental Insurance Card 2017-2018
- Back Of Health Insurance Card 2017-2018
- Front Of Dental Insurance Card 2017-2018
- Front Of Health Insurance Card 2017-2018
- Pre-participation Physical 2017-2018
- Sickle Cell Newborn Screening/Lab Results
- Skin Evaluation And Participation Status

Choose document you are uploading:

Pre-participation Physical 2017-2018

Documents already on file

Pre-participation Physical 2017-2018 received on 6/20/2017 [View File](#)

Be sure to double check what you uploaded to make sure it was correctly uploaded

Document Upload

delval.medicatconnect.com/docupload.aspx

Home Immunization Forms Messages Education Upload

Instructions

- PLEASE MAKE SURE YOUR NAME AND DATE OF BIRTH ARE ON ALL SUPPORTING DOCUMENTATION!
- Browse to your file. It must be smaller than 30 MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.
- Click Upload.

Documents available to be uploaded:

- 5. Immunization Record
- Athletics-ADHD Physician's Form 2017-2018
- Back Of Dental Insurance Card 2017-2018
- Back Of Health Insurance Card 2017-2018
- Front Of Dental Insurance Card 2017-2018
- Front Of Health Insurance Card 2017-2018
- Pre-participation Physical 2017-2018
- Sickle Cell Newborn Screening/Lab Results
- Skin Evaluation And Participation Status


Choose document you are uploading:

Pre-participation Physical 2017-2018

Documents already on file

Pre-participation Physical 2017-2018 received on 6/20/2017

View File



Balance Testing

New starting on the 2020-21 school year each student athlete will now have to have a balance baseline test. Each student will preform the Modified Balance Error Scoring System (BESS) which is comprised of preforming 3 stances for 20 seconds each.



Balance Testing- Video Setup

- **Get a device that can record your test and set it up in a location where you can clearly see yourself from head to toe.**
- **Make sure you have plenty of room around yourself, so you do not trip on anything or if you fall you do not hurt yourself**
- **Before you start your test make sure you have something that will keep time for you for each stance which will last 20 seconds each. You may also play the informational video that will also have each stance timed out for you if you do not have someone else to record your video for you.**
- **When you start your video please state your first and last name and what sports you will be participating in at DelVal (Ex: John Doe, Soccer and Tennis).**



Balance Testing- Double Leg Stance



- The first stance is a double leg stance where your feet are together with your hands on your hips.
- When the timer starts you will close your eyes until the 20 seconds are complete.
- Try to maintain this stance as best you can, if you feel like you are going to fall, catch yourself and return to this stance as soon as possible.
- Once the 20 seconds is complete you can open your eyes

Balance Testing- Single Leg Stance



- The next stance is a single leg stance where you stand on your non-dominant leg. To figure this out think of what foot you would kick a ball with and you will stand on that leg. (Ex: Kicks ball with right leg, stands on right leg).
- When the timer is about to start lift up the other leg you are not standing on and when the timer starts you will close your eyes keeping them shut until the 20 seconds are complete.
- While you are standing do not let your lifted leg touch the other leg and try to maintain this stance as best you can, if you feel like you are going to fall, catch yourself and return to this stance as soon as possible.
- Once the 20 seconds are complete you may open your eyes

Balance Testing- Tandem Leg Stance



- Tandem stance is similar to standing on a balance beam where you will have the leg you just stood on behind your other foot with the toes of your back foot touching the heel of your front foot.
- When the timer starts you will close your eyes until the 20 seconds are complete.
- Try to maintain this stance as best you can, if you feel like you are going to fall, catch yourself and return to this stance as soon as possible.
- Once the 20 seconds is complete you can open your eyes

Balance Testing- Uploading Video

Click on link: [Athletic Training Balance Test Webpage](https://delawarevalleycollege.sharepoint.com/sites/AthleticTrainingBalanceTests)

The screenshot shows a web browser window displaying a SharePoint site titled "Athletic Training Balance Tests". The browser's address bar shows the URL: <https://delawarevalleycollege.sharepoint.com/sites/AthleticTrainingBalanceTests>. The SharePoint interface includes a top navigation bar with the "SharePoint" logo and a search bar. Below this, the site's header features the "AT" logo and the title "Athletic Training Balance Tests" with a "Public group" label. On the right side of the header, there are options to "Following" and "3 members".

The main content area is divided into several sections:

- Left Navigation Panel:** Contains a search bar and a list of site pages, including "Home", "Conversations", "Documents", "Notebook", "Pages", "Womens Soccer Balan...", "Mens Soccer Balance ...", "Field Hockey Balance ...", "Cross Country Balance...", "Volleyball Balance Tests", "Football Balance Tests", "Men's Basketball Bala...", "Womens Basketball B...", and "Mens Wrestling Team".
- News Section:** Features a large image of the "AGGIES ATHLETIC TRAINING" logo. Below the image is a "Welcome!" message from "Kelly, Matthew" posted "5 hours ago" with "2 views".
- Activity Section:** Displays a video thumbnail of a person in a lab setting, with a play button overlay.
- Quick links:** Includes links to "Learn about a team site" and "Learn how to add a page".
- Documents:** Shows a "New" button, a "See all" link, and a list of documents with columns for "Name" and "Modif".

At the bottom of the page, there is a "Get the mobile app" button. The Windows taskbar is visible at the very bottom, showing the time as 9:49 PM on 4/6/2020.

Balance Testing- Tandem Leg Stance

Once you reach the main page, scroll down the navigation menu on the left and click on your appropriate team.

The screenshot shows a web browser window displaying a SharePoint site. The address bar shows the URL: <https://delawarevalleycollege.sharepoint.com/sites/AthleticTrainingBalanceTests>. The site is titled "Athletic Training Balance Tests" and is a public group. The left navigation menu is visible, with "Volleyball Balance Tests" highlighted by a green arrow. The main content area shows a "Welcome!" message and a "Documents" section. The bottom of the page shows the Windows taskbar with the time 9:49 PM on 4/6/2020.

Search this site

Home

Conversations

Documents

Notebook

Pages

Womens Soccer Balan...

Mens Soccer Balance ...

Field Hockey Balance ...

Cross Country Balance...

Volleyball Balance Tests

Football Balance Tests

Men's Basketball Bala...

Womens Basketball B...

Mens Wrestling Team

News

AT Athletic Training Balance Tests

Public group

★ Following

3 members

Published 4/6/2020

Edit

Welcome!

Welcome Student Athletes, Due to that changes in our concussion policy mandated by the NCAA each student athlete will have to have a baseline balance test prior to...

Kelly, Matthew 5 hours ago

2 views

Quick links

Learn about a team site

Learn how to add a page

Documents

See all

New ... All Documents

Name Modif

Activity

ATHLETIC TRAINING

The new Athletic Training Balance Tests group is ready

Welcome to the Athletic Training Balance Tests group. Use the group to share ideas, files, and

Get the mobile app

9:49 PM 4/6/2020

Balance Testing- Uploading Video

Once there click on the upload tab and select the files option.

The screenshot shows a web browser window displaying a SharePoint site titled "Athletic Training Balance Tests". The address bar shows the URL: <https://delawarevalleycollege.sharepoint.com/sites/AthleticTrainingBalanceTests/Womens%20Soccer%20Balance%20Tests/Forms/AllItems.aspx>. The SharePoint interface includes a top navigation bar with "SharePoint" and a search bar. Below this, the site title "Athletic Training Balance Tests" is displayed, along with "Public group" and "Following" status. The main content area shows a list of items under the heading "Womens Soccer Balance Tests". A green arrow points to the "Upload" button in the top ribbon, which has a dropdown menu open showing "Files", "Folder", and "Template". The "Files" option is selected. Below the ribbon, a table lists the uploaded files:

Name	Modified	Modified By	+ Add column
Movie on 4-6-20 at 3.48 PM.mov	6 hours ago	Young, Sarah	

The right sidebar shows the "Womens Soccer Balance Tests" folder details, including an "Activity" section with recent updates:

- Young, Sarah edited **Movie on 4-6-20 at 3.48 PM.mov** 6 hours ago
- Young, Sarah created **Movie on 4-6-20 at 3.48 PM.mov** in **Womens Soccer Balance Tests** 6 hours ago

The Windows taskbar at the bottom shows the system clock as 10:06 PM on 4/6/2020.

Balance Testing- Upload Video

Select your video file of your test to be uploaded, then check your video to be sure it uploaded correctly

The screenshot shows a web browser window displaying a SharePoint site. The address bar shows the URL: <https://delawarevalleycollege.sharepoint.com/sites/AthleticTrainingBalanceTests/Womens%20Soccer%20Balance%20Tests/Forms/AllItems.aspx>. The site is titled "Athletic Training Balance Tests" and is a public group. The main content area shows a list of documents under the heading "Womens Soccer Balance Tests". A table lists the documents with columns for Name, Modified, and Modified By. A green arrow points to the document "Movie on 4-6-20 at 3.48 PM.mov", which was modified 6 hours ago by Young, Sarah. The right sidebar shows the "Activity" section with a log of recent actions, including "Young, Sarah edited Movie on 4-6-20 at 3.48 PM.mov" and "Young, Sarah created Movie on 4-6-20 at 3.48 PM.mov in Womens Soccer Balance Tests". The bottom of the screen shows the Windows taskbar with various application icons and the system clock indicating 10:05 PM on 4/6/2020.

Search

Home

Conversations

Documents

Shared with us

Notebook

Pages

Womens Soccer Bal...

Mens Soccer Balance...

Field Hockey Balance...

Cross Country Balanc...

Volleyball Balance Te...

Football Balance Tests

Men's Basketball Bala...

Womens Basketball B...

Mens Wrestling Team

Womens Wrestling B...

New

Upload

Quick edit

Sync

Export to Excel

PowerApps

Flow

All Documents

Womens Soccer Balance Tests

More details

Activity

Today

Young, Sarah edited Movie on 4-6-20 at 3.48 PM.mov 6 hours ago

Young, Sarah created Movie on 4-6-20 at 3.48 PM.mov in Womens Soccer Balance Tests 6 hours ago

Name	Modified	Modified By
Movie on 4-6-20 at 3.48 PM.mov	6 hours ago	Young, Sarah

Please check your emails throughout the summer as the Health Center and Athletic Training Staff begin to review your forms being submitted

If there are any issues we will be contacting you via the Medcat Portal, Email or by Phone.

If we send you a message there will be an automated message sent to your MyDeIVal email account.



AGGIES
ATHLETIC TRAINING

The message can be accessed in the Portal to see what needs to be corrected

The screenshot shows the Delaware Valley University Patient Portal. The browser address bar displays `delval.medicatconnect.com/home.aspx`. The user is logged in as **Anna Testpatient** and can click **Log Out**. The navigation menu includes **Home**, **Immunization**, **Forms**, **Messages**, **Locations and Hours**, and **Upload**. A green arrow points from the **Messages** link in the navigation menu to the **Messages** icon in the To Do List section.

DELAWARE VALLEY UNIVERSITY
1896

Locations and Hours Anna Testpatient Log Out

Home Immunization Forms Messages Locations and Hours Upload

Thank you for logging into DelVal Student Health Services Patient Portal.

Currently you have access to:

- required forms
- immunization management
- patient education tools
- secure emails from your DelVal healthcare provider
- upload documents

To Do List

Upcoming Appointments
You do not have any upcoming appointments.

Forms
You have forms that need to be completed.

Messages
You have 0 unread message(s).

AGGIES ATHLETIC TRAINING

Medical Insurance

- All student athletes who attend DELAWARE VALLEY UNIVERSITY must carry health insurance. This is a University policy, one that the athletic department adheres to implicitly.
- For this reason and others, it is very important that we have accurate and complete insurance information in reference to the student athlete. This form of insurance will be identified as their primary insurance.
- Student Athletes who are cleared for participation by the Athletic Administration and Athletic Training Staff will be eligible to be covered by our athletic insurance policy, which will be identified as secondary insurance.
- It only covers injuries incurred while the student athlete is engaged in practice and/or competition of his/her sport. Illness or sickness will not be covered under this secondary policy.
- This supplemental insurance also provides some coverage if you suffer a dental injury while participating in athletic activities, BUT there are important exclusions.

Dental Insurance

For a dental injury to be covered, the injured tooth/teeth must be your natural teeth with very limited previous dental work. Any injuries to false teeth, dentures, bridges, etc. will not be covered. Injuries to teeth that have had a root canal will not be covered. REMEMBER TO WEAR YOUR MOUTHGUARD!

The plan will help pay Covered Expense incurred for dental treatment, including x-rays, for an injury to a tooth:

- 1. With no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and**
- 2. For which pulpal tissues are healthy and intact**
- 3. For which periodontal tissue shows little or no signs of active or chronic inflammation.**



AGGIES
ATHLETIC TRAINING

Questions?

Valerie Rice-Smith LAT, ATC - (215) 489-2353 or Valerie.Rice@delval.edu

Bob Strassler LAT, ATC - (215) 489-4581 or Robert.Strassler@delval.edu

Matthew Kelly MS, LAT, ATC - (215) 489-4458 or Matthew.Kelly@delval.edu

