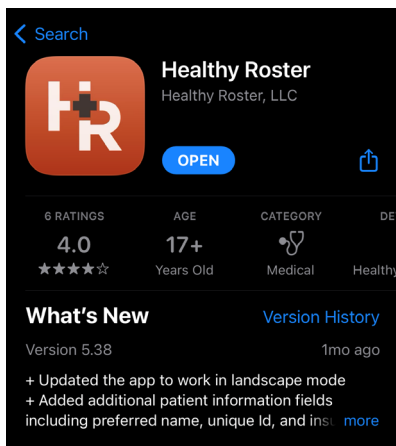
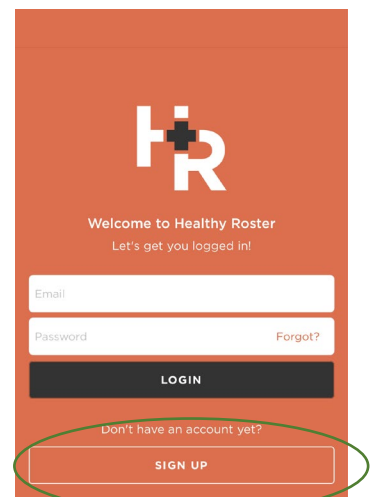
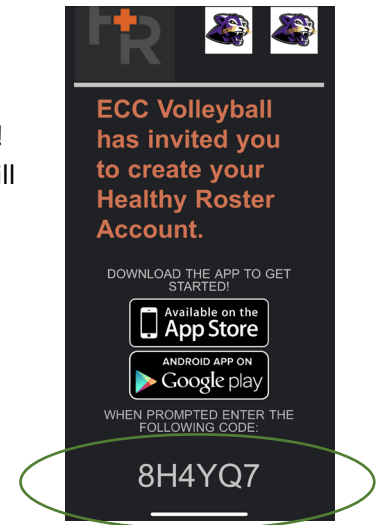


Welcome to Ellsworth Community College! As a student-athlete on our campus, there are documents that are required prior to starting practices. We utilize a platform called Healthy Roster where it is easy to download or fill out the required forms needed for athletic participation. It is a safe site where your information is protected. You can also schedule appointments and utilize the messaging feature to chat with our Athletic Training staff through the app. These simple steps below can get you set up prior to stepping foot on campus, so you'll be ready to start practice immediately.

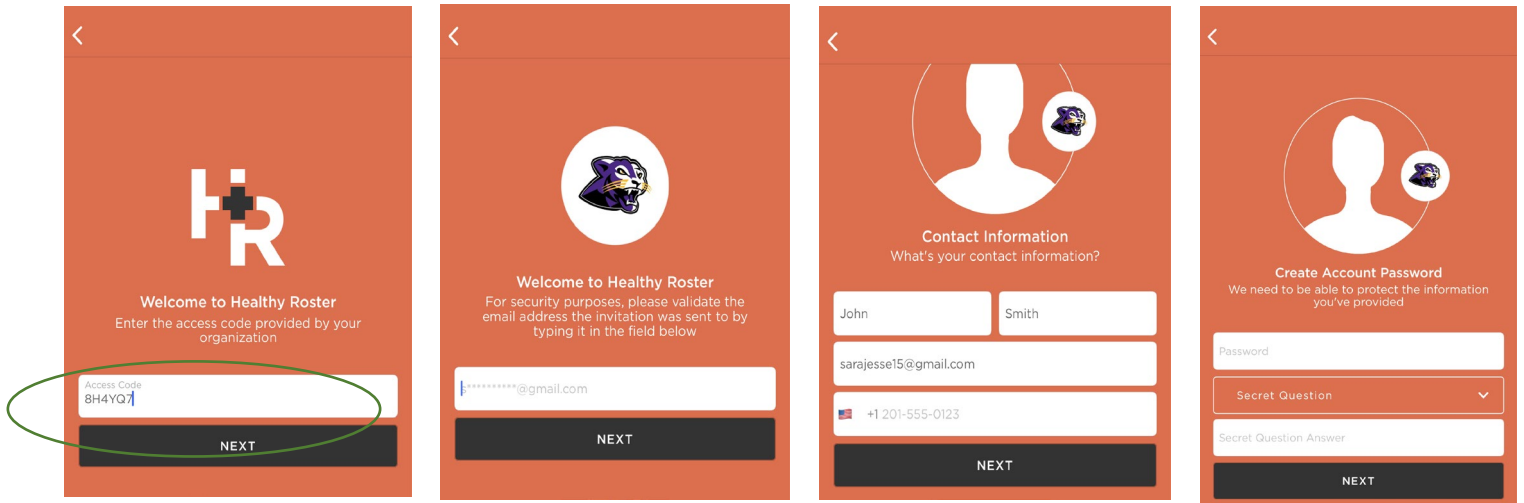
1. Your coaches will be entering your email address into Healthy Roster. Make sure to give Coach an email you use frequently and check often! You will receive an email that invites you to use Healthy Roster. You will need to use the promo code below after downloading the app and signing up.
2. The app store has the Healthy Roster app available for both iPhones and Androids.



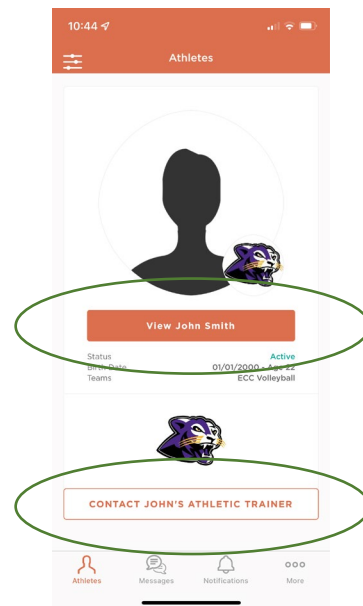
3. On the app, you will select "Sign Up" to login to your account.



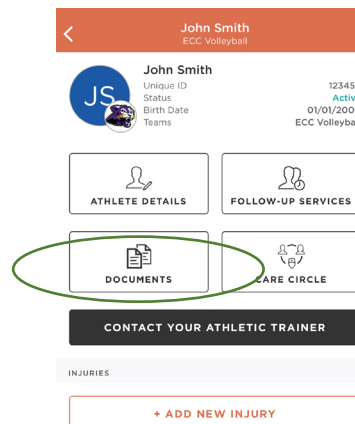
- The code that was on your email will be entered into the promoted area. Healthy Roster will also ask to confirm the email associated with your account. Additional information can be filled in during this time as well. You will also select a password at this point.



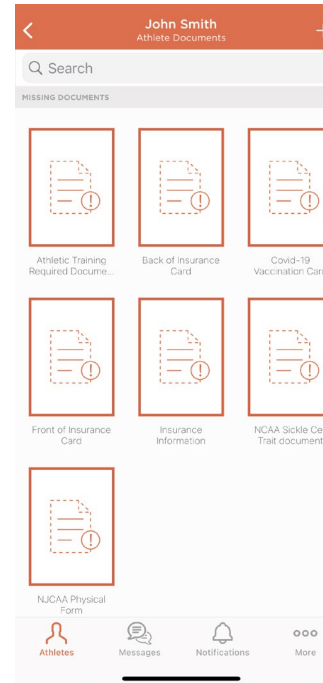
- After completing those fields, you will be able to see your main profile. You can contact your Athletic Trainers from this page as well by clicking the “Contact Your Athletic Trainers” tab. To access the documents needed to participate, you will need to click on “View Your Name” Profile.



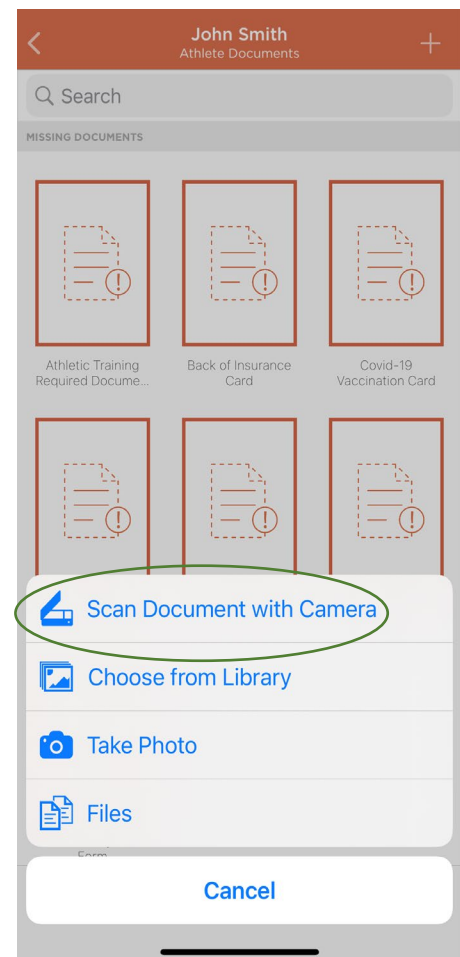
- You will select “Documents” to access all of the information required before athletics participation.



7. This is the page that contains everything required for a student-athlete. The Athletic Training (Medical History, Assumption of Risk, & HIPAA), Insurance Information, and Sickle Cell Trait sections are easy, fillable documents you can do right from your phone.



8. The Physical Form, Insurance Card (front & back), and Covid-19 Vaccination Cards (not required but used in case of protocols) will require an upload. You can do that by clicking on the section you wish to complete and selection "Scan Document with Camera" to upload multiple sheets to the same section.



- For multiple pages, such as your physical, you can upload all the pages as one by selecting “+ Add Another Page”. You can do this as many times as needed. Once you’re done with your scan, you can select “Done Scanning”. Your scans and pictures will need to be clear and have the entire document in the frame. It can be re-done by selecting “Rescan Page”.

Cancel
Scan Document  
Page 1

Ellsworth Community College

### Medical History Form – Athletic Training

Athlete's Name \_\_\_\_\_

Sport(s):  Football  Wrestling  Men's basketball  Women's basketball  Baseball  Softball  Cheer

**Have you ever had any of the following?**

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fainting ever</li> <li><input type="checkbox"/> Left hand/wrist/neck/shoulder</li> <li><input type="checkbox"/> Compelling hoarseness</li> <li><input type="checkbox"/> Abnormal EKG</li> <li><input type="checkbox"/> Excessive chest pain</li> <li><input type="checkbox"/> Unusual feeling/heart or irregular heartbeats</li> <li><input type="checkbox"/> Got tired more quickly than your friends</li> <li><input type="checkbox"/> Been told you have a heart condition/murmur</li> <li><input type="checkbox"/> Been told you have a high blood pressure</li> <li><input type="checkbox"/> Anyone in your family ever had a heart attack</li> <li><input type="checkbox"/> Anyone in your living family has a heart disease</li> </ul>	<p>Do you worry about your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you avoid eating meat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you avoid dairy products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have back/shoulder function of paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Eye <input type="checkbox"/> Ear <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Stomach <input type="checkbox"/> Throat</p> <p>Do you have any conditions requiring consistent medications?</p> <p>_____</p> <p>_____</p> <p>List any medical conditions</p> <p>_____</p> <p>_____</p> <p>List ALL medications, supplements, energy drinks and vitamins you are taking (include generic names and contraindicated medications)</p> <p>_____</p> <p>_____</p>
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**Injuries:** Have you ever had any of the following injuries?

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concussion or knocked out</li> <li><input type="checkbox"/> Neck/neck injury</li> <li><input type="checkbox"/> Ankle injury</li> <li><input type="checkbox"/> Hand/foot injury</li> <li><input type="checkbox"/> Sprain</li> <li><input type="checkbox"/> Dislocation</li> </ul>	<p>List ALL medications, supplements, energy drinks and vitamins you are taking (include generic names and contraindicated medications)</p> <p>_____</p> <p>_____</p>
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**Medical:** Have you ever had any of the following?

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Head/neck/neck exhaustion</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Mononucleosis</li> <li><input type="checkbox"/> Hearing problems</li> <li><input type="checkbox"/> Deafness</li> <li><input type="checkbox"/> Menstrual Problems</li> <li><input type="checkbox"/> Allergies? Please list _____</li> </ul>	<p><b>Males Only:</b></p> <p>Have you ever had a hernia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any Crohn's/colitis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Females Only:</b></p> <p>When was your first menstrual period? _____</p> <p>When was your most recent period? _____</p> <p>Do you have regular cycles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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The undersigned has read and completed form to the best of their knowledge.

Student Athlete's Signature _____	Date _____
Parent's Signature (required if student athlete is under 18 years of age) _____	Date _____

RESCAN PAGE

+ ADD ANOTHER PAGE

DONE SCANNING