



Office of Sports Medicine

Student-Athlete/Parent/Guardian,

***You Must Mail any form signed by a Physician to include:
Medical History, Physical form and Mental Health form***

Please review all the forms in PrynMed (Electronic Medical Record Program), each of the forms contain information important to the student-athlete. Please read all of the information and instructions prior to completing the forms. Please review all of the forms for completeness. Incomplete forms or information found to be incomplete are unacceptable. Student-Athletes will not be allowed to practice or compete until all requested information is provided.

PLEASE HAVE THE FOLLOWING FORMS COMPLETED AND RETURNED BY

JULY 15th, 2024

Medical History MUST be signed by your family physician (MD, DO) or a Nurse Practitioner (CRNP), whomever performs your Athletic Physical.

Mental Health (1 page) MUST be completed by your family physician (MD, DO) or other appropriate health care profession trained to recognize mental health issues.

Athletic Physical (1 page) MUST be completed by your family physician (MD, DO) or a Nurse Practitioner (CRNP) ONLY. **NO Physician's Assistant or Chiropractors.**

NCAA ADHD/ADD form (ONLY if diagnosed with ADD/ADHD)

Athletic Insurance Information Form.

Sickle Cell Trait Reporting Form (NCAA Policy) (see instructions for submitting)

Secondary Insurance Exemption /Waiver Form (for Tricare & Medicaid) where applicable.

Student-Athlete Injury & Illness Acknowledgment Form (1 page)

Combined Forms:

FERPA Acknowledgment, Medical Consent/Release, Medical Disclosure, Medical Bills Letter of Responsibility form

(Do NOT Fax) Mail Completed Forms to:

Kutztown University of PA
Attn: Athletic Physical Info-New-Minor
Kutztown University of PA
Sports Medicine Office
Keystone Hall Rm 124
Kutztown, PA 19530

Please address any of your questions to: Faculty Athletic Trainer, [Jack Enriken](mailto:Jack.Enriken@kutztown.edu), via email at enriken@kutztown.edu.

Thanks for your cooperation!