



June 1, 2010

Dear SB Student-Athlete and Parent/Guardian:

The Stony Brook Sports Medicine staff is committed to providing comprehensive, high-quality medical services to every student-athlete (SA). On-site medical services provided include, but are not limited to, the prevention, diagnosis, treatment, referral, and rehabilitation of athletic-related injuries as well as education and counseling of the SA. A Certified Athletic Trainer will address these topics at each team orientation meeting conducted before practices commence.

In addition, we would like to take this opportunity to remind you of some important issues that you need to be aware of in preparation for participation in Stony Brook Athletics. Please read the following material very carefully, keep in a safe place and return a **fully completed page 12**:

- 1) **NEW! Sickle Cell Testing effective 2010-11 academic year** – In accordance with NCAA Division I legislation and Stony Brook policy, all incoming student-athletes are required to include results of a sickle cell solubility test as a part of the medical documentation required in order to participate in any athletic activity. This documentation is required for all student-athletes in their initial year of eligibility for incoming, transfers and for those trying out for any team. At this time, returning Stony Brook student-athletes are not required to provide results of a sickle cell solubility test. Knowledge of a student-athlete's sickle cell trait status will facilitate prompt and appropriate medical care during a medical emergency (page 3). Any issues concerning a student-athlete's sickle cell testing should be addressed with a member of our athletic training staff as soon as possible prior to arrival.
- 2) **NEW! Concussion Management** - The NCAA is committed to the prevention, identification, evaluation and management of concussions. Institutions are required to have a concussion management **plan on file** such that a SA who exhibits signs, symptoms or behaviors consistent with a concussion **shall be removed** from practice or competition and **evaluated** by an athletics healthcare provider with experience in the evaluation and management of concussion. SA's diagnosed with a concussion **shall not return** to activity for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan. In addition, SA's must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process SA's will be presented with educational material on concussions. (page 4)
- 3) **Drug Testing**
  - a. **Use of Prescription Medications** – **Even prescription medication can be banned!** The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows exceptions to be made for those SA's with a documented medical history demonstrating the need for regular use of such a drug. Examples of banned prescription medications include but are not limited to: Adderall, Ritalin, Concerta, Propecia, etc. (pages 5-6)
  - b. **Do Not Use NCAA Banned Substances** – All SA's are subject to **Institutional Drug Testing** in addition to **NCAA Year-Round Drug Testing**. Stony Brook University (SBU/SB) supports the NCAA's policy prohibiting SA's from using performance enhancing drugs and/or illegal substances. The NCAA list of banned drug classes is composed of substances that are generally reported to be

performance enhancing and harmful to one's health. SBU and the Department of Athletics are committed to maintaining a safe and healthy environment where SA's can develop socially, academically and athletically to their fullest potential. Part of maintaining such an environment is ensuring the SA's physical and mental well-being. The NCAA regularly updates material on their web site. It is the SA's responsibility to review the information provided by the NCAA and SB Athletic Department with regard to banned substances (pages 7-8)

**c. Do Not Use Dietary Supplements (including Herbal)** - Many nutritional/dietary supplements contain NCAA banned substances. The US Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore, the purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may result in a positive NCAA drug test. **The use of supplements is at the student-athlete's own risk.** SA's should contact their institution's certified athletic trainers for further information. What's in the bottle is not always on the label! If you don't know what you are taking, you are risking both your *health and your eligibility*. **Ignorance is no excuse for a positive drug test!** The NCAA and the SB Department of Athletics do not approve or endorse any nutritional/dietary supplement product despite the fact that some manufacturers make that claim. (page 9)

- 4) **Heat Illness is Preventable** - University coaches, administrators and medical personnel all play a significant role in preventing heat illness by following the NCAA Guidelines regarding the Prevention of Heat Illness. However, **you**, the SA, play the largest role! (pages 10-11)
- 5) **SB Athletic Insurance Policy** – All students must have primary health insurance. You will be asked to provide insurance information on your solar account. If you have medical insurance – you must opt out and provide the information requested; if you do not have medical insurance you will have to purchase Student health Insurance through the University and your account will be charged. There is a deadline for the insurance option period – make sure you make the proper selection in a timely manner. In addition, SB Department of Athletics provides a secondary/excess policy for injuries sustained during a coach-supervised sport related activity. Please follow the procedural letter located on the Seawolves Sports Medicine web site and complete the Insurance Questionnaire in its entirety (parental signature required). If the procedures identified are not followed, the SB Department of Athletics will not be responsible for any medical bill payment.

***In addition to the items contained in this packet, SA's are directed to the Seawolves Sports Medicine web site <http://goseawolves.collegesports.com/school-bio/ston-athletic-training.html> and required to download respective documents as appropriate: "Returning SA" or "New SA".***

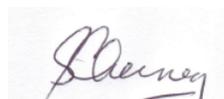
***At the end of this packet (page 12) you will find a "Sports Medicine Check List" of items which must be returned to the Sports Medicine Staff prior to participation in any team related activity including strength and conditioning. Parental/guardian signature is required regardless of age.***

Should you have any questions regarding these issues, please do not hesitate to speak to a Stony Brook Certified Athletic Trainer. Have a safe and enjoyable summer! Go Seawolves!

Sincerely,



Kathryn A. Koshansky, MS, ATC  
Assistant Athletic Director for Sports Medicine



Stuart B. Cherney, MD  
Head Team Physician

# SICKLE CELL TRAIT



## WHAT IS SICKLE CELL TRAIT?

**Sickle cell trait** is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- ▶ During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle."
- ▶ Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- ▶ During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- ▶ Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- ▶ Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

## DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

**People at high risk** for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- ▶ Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- ▶ Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.
- ▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- ▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

## HOW CAN I PREVENT A COLLAPSE?

- ▶ Know your sickle cell trait status.
- ▶ Engage in a slow and gradual preseason conditioning regimen.
- ▶ Build up your intensity slowly while training.
- ▶ Set your own pace. Use adequate rest and recovery between repetitions, especially during "gassers" and intense station or "mat" drills.
- ▶ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- ▶ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- ▶ Stay well hydrated at all times, especially in hot and humid conditions.
- ▶ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



- ▶ Maintain proper asthma management.
- ▶ Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- ▶ Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- ▶ Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety)



# Behind the Blue Disk

## NCAA Approach to Concussions

### What is a concussion?

A concussion is a minor traumatic brain injury characterized by a rapid onset of cognitive impairment. Concussions are often difficult to detect since most don't lead to a loss of consciousness or have other immediately recognizable symptoms.

### What causes a concussion?

Concussions typically occur from blows to the head either from contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

### What are the numbers on concussion?

The NCAA is constantly seeking to protect the health and safety of its student-athletes. One way it does is by using an injury surveillance program to monitor injury trends. The data from the program show concussions represent 5 to 18 percent of the total reported injuries, depending on the sport. As with many injuries, there is reason to believe these numbers are understated since student-athletes may not necessarily report injuries for fear of losing playing time.

“Whenever you play competitive sports, there is the risk of injury. When it comes to concussion, clear return-to-play guidelines, proper coaching techniques, enforcement of existing rules and the use of properly fitted equipment can minimize the risk.”  
DAVID KLOSSNER, DIRECTOR OF HEALTH AND SAFETY

- Common signs and symptoms of concussions:**
- Loss of consciousness
  - Confusion
  - Amnesia
  - Balance Problems
  - Headache
  - Visual Disturbance

### What is the NCAA doing to prevent further concussions?

In addition to funding studies, the NCAA informs student-athletes, institutional staff and sport officials on current prevention and return-to-play measures. When appropriate, it recommends changes to Association playing rules to make competitions safer.

### Does the NCAA require neuropsychological testing?

The NCAA Sports Medicine Handbook guidelines recommend a number of evaluation measures for student-athletes who have sustained a concussion, including neuropsychological testing. The NCAA does not require one specific assessment tool.

### What does the NCAA recommend regarding concussion management?

It is essential no student-athlete return to participation in a game, practice or other contest when symptoms persist either at rest or exertion. A student-athlete with any injury that involves unconsciousness, amnesia or persistent confusion should not be allowed to return to play the same day.

### What role do NCAA rules play in the prevention of concussions?

NCAA rules committees oversee the playing rules of each sport and work closely with the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and other medical experts to make competitions safer.

### What role does the school play in the prevention and treatment of concussions?

Ultimately, it is the school's responsibility to protect the health of its student-athletes. The NCAA publishes its sports medicine handbook to provide specific guidance on the treatment and prevention of concussions.

Please access Behind the Blue Disk via [www.ncaa.org](http://www.ncaa.org) for the most up-to-date information.

For more information, contact NCAA Public and Media Relations at 317/917-6117.

1/8/2010

## **NCAA Medical Exceptions – effective August 2009**

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing. The NCAA bans performance enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions.

Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete's eligibility remains intact during the process.

Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, anabolic agents (steroids)\*, and peptide hormones\* (**Bylaw 31.2.3**). (**\*anabolic agents and peptide hormones must be approved by the NCAA before the athlete is allowed to participate** while taking these medications. The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to The National Center for Drug Free Sport (Drug Free Sport) any medical documentation it wishes to have considered.)

**In all cases, a student-athlete, in conjunction with his or her physician, must document that other non-banned alternatives have been considered prior to requesting the medical exception for the use of a medication containing a banned substance.** It is the responsibility of the institution to educate student-athletes about this policy, and to follow-up with any student-athlete who identifies the use of a banned medication to determine if standard non-banned medications have been pursued and documented.

In order for a student-athlete to be granted a medical exception for the use of a medication that contains a banned substance, the student-athlete must:

- have declared the use of the substance to his or her athletics administrator responsible for keeping medical records,
- present documentation of the diagnosis of the condition, and
- provide documentation from the prescribing physician explaining the course of treatment and the current prescription.

Requests for medical exceptions will be reviewed by physicians who are members of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Medical exceptions will be granted if the student-athlete has presented adequate documentation noted above.

Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of NCAA drug testing.

**Stony Brook University Sports Medicine Department**  
**Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information**

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**Primary Care Physician/Health Care Provider:**

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at Stony Brook University. Our institution is governed by the rules and regulations of the NCAA ([www.ncaa.org](http://www.ncaa.org)). New legislation beginning **August 1, 2009**, involves the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be **banned by the NCAA**. In order to show compliance with this new legislation, we are asking our student-athletes to take this letter to their primary care physician/health care provider to fill out and to provide the following information in **order to continue/begin their NCAA participation** while also continuing to take their ADHD/ADD medication.

**Please return this form & supporting documentation to the student-athlete or to the following address or fax number:**

Stony Brook University  
c/o Asst. AD for Sports Medicine  
100 Nicolls Rd  
Indoor Sports Complex, SBU  
Stony Brook, NY 11974-3500  
Phone (631) 632-6448///Fax (631) 632-3231

*I authorize the release of this information and the results of this examination to the Stony Brook University Athletic Department and Sports Medicine Department Staff.*

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Student-Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of initial evaluation: \_\_\_\_\_ Date of most-recent follow-up: \_\_\_\_\_

Physician's Diagnosis: \_\_\_\_\_

Medication Prescribed/Follow-up Orders: \_\_\_\_\_

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**(Examples of the NCAA Banned-Drug Class:** Stimulants include: amphetamine, atomoxetine, dexamethylphenidate, dextroamphetamine, methamphetamine, and methylphenidate. For more information please visit [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety).)

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- ❓ Please attach a brief summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) and any supporting documentation.
- ❓ Please attach any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.
- ❓ Please include **alternative non-banned medications** that have been considered and why the prescribed medication is best for the student-athlete's condition **along with a copy of script of current prescription**.

If available, please provide copies of the following:

Any psychological testing results

Laboratory/testing results helping to diagnose ADHD/ADD

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp

**\*\*\*This document is required to be renewed yearly\*\*\***



**2009-10 NCAA Banned Drugs  
(will be updated 07-01-10; check web site)**

**The NCAA bans the following classes of drugs:**

- a. Stimulants
- b. Anabolic Agents
- c. Alcohol and Beta Blockers (banned for rifle only)
- d. Diuretics and Other Masking Agents
- e. Street Drugs
- f. Peptide Hormones and Analogues
- g. Anti-estrogens
- h. Beta-2 Agonists

**Note: Any substance chemically related to these classes 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.

**Drugs and Procedures Subject to Restrictions:**

- a. Blood Doping.
- b. Local Anesthetics (under some conditions).
- c. Manipulation of Urine Samples.
- d. Beta-2 Agonists permitted only by prescription and inhalation.
- e. Caffeine if concentrations in urine exceed 15 micrograms/ml.

**NCAA Nutritional/Dietary Supplements Warning:**

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

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

**It is your responsibility to check with athletics staff  
before using any substance.**

## Some Examples of NCAA Banned Substances in each class

### NOTE: **There is no complete list of banned drug examples!!**

Check with your athletics department staff to review the label of any product, medication or supplement before you consume it!

#### **Stimulants:**

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); etc.  
*exceptions:* phenylephrine and pseudoephedrine are not banned.

#### **Anabolic Agents:**

boldenone; clenbuterol; DHEA; nandrolone; stanozolol; testosterone; methasterone; androstenedione; norandrostenedione; methandienone; etiocholanolone; trenbolone; etc.

#### **Alcohol and Beta Blockers (banned for rifle only):**

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

#### **Diuretics and Other Masking Agents:**

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

#### **Street Drugs:**

heroin; marijuana; tetrahydrocannabinol (THC).

#### **Peptide Hormones and Analogues:**

human growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

#### **Anti-Estrogens :**

anastrozole; clomiphene; tamoxifen; formestane; etc.

#### **Beta-2 Agonists:**

bambuterol; formoterol; salbutamol; salmeterol; etc.

**Any substance that is chemically related to the class of banned drugs, unless otherwise noted, is also banned!**

NOTE: Information about ingredients in medications and nutritional/dietary supplements can be obtained by **contacting the Resource Exchange Center, REC, 877-202-0769 or [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) password ncaa1, ncaa2 or ncaa3.**

**It is your responsibility to check with your athletics staff  
before using any substance.**

## **SPORTS SUPPLEMENT HEALTH WARNING**

Many dietary supplement products available over the counter or on the Internet contain androstenedione (andro), creatine or ephedra. These products **are not regulated or tested by the FDA** and some have been reported to cause negative health consequences ranging from cramps or headaches to kidney problems and acne. To help you identify these substances listed below are the names of some of the widely marketed products in each category. *Keep in mind these are examples. By no means is this list intended to be all inclusive!*

### **ANDROSTENEDIONE\***

3-Andro Xtreme

Andro-Gen

Andro-Stack

Androstat

Animal Stak

Nor Andro Ripped Fuel Stack

Nor-Stak

Nor-Tek

\*Related compounds include 19-norandrostenedione, androstenediol, and dehydroepiandrosterone (DHEA).

### **CREATINE**

Animal Max

ATP Advantage

Cell-Tech

Creaject

Crea-Tek

Creatigen

Creatine Booster

Creatine Fizz Fuel

CreaVate

Effervescent Creatine Elite

LifeSmart's Creatine Chews

Mass Action

Micronized Creatine

Muscle Milk

Perfect Creatine

Phosphagen

Power Creatine

SyntheVol

Teen Advantage Creatine Serum

Xtra Advantage Creatine Serum

### **EPHEDRA (MA HUANG)**

3-Andro Xtreme

Adipokinetix

Amphetra-Lean

Animal Cuts

BetaLean

Carbolizer

Clenbutrx

Diet Boost

Diet Fuel

Dyma-Burn Xtreme

Dymetadrine Xtreme

ECA Stack

Energel

Ephedrine 25

Extreme Ripped Force

Herbal Phen-Fen

Herbalife

Hydroxycut

Ignite

Kranker fat Burner

Lipo-6

Metabolife 356

Metab-O-Lite

Metacuts

Nitro Speed

Ripped Force

Ripped Fuel

Thermadrene

ThermaPro

Thermo Speed

Trim Fast

Ultimate Energizer

Ultimate Orange

Ultra Chromaslim

Xenadrine RFA-1

Yellow Jacke

## **HEAT ILLNESS RISK FACTORS (excerpts taken from the web sites identified on pg 10):**

Air temperature, humidity, and dehydration are common risk factors associated with heat illness. In addition, the following factors also put student-athletes at increased risk:

**1. Nutrition Supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or caffeine. These substances can dehydrate the body and/or increase metabolism and heat production.

**2. Medication/Drugs.** Certain over the counter and prescription medications may make an athlete more susceptible to heat-related problems. These include antihistamines, decongestants, certain asthma medications, medications for attention deficit disorder (ADD), diuretics, and alcohol. For example, aspirin and antihistamines can change sweat patterns. Aspirin causes an increase in sweat loss, and when taken in large doses may cause an increase in body temperature above that resulting from physical activity alone. Antihistamines, on the other hand, decrease the athlete's rate of sweating. The use of stimulants while exercising can increase the risk of heat illness.

**3. Susceptible Student Athletes.** Those with inadequate acclimatization or aerobic fitness, excess body fat, history of heat illness, inadequate hydration, using substances with diuretic or stimulant effects and those who push themselves to capacity are very susceptible. In addition, those with medical conditions such as fever, gastro-intestinal illness or sickle cell trait are vulnerable to heat illness.

**4. Acclimatization/fitness level.** Prevention of heat illness begins with aerobic conditioning which provides partial acclimatization to the heat. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions over a period of seven to 10 days to achieve heat acclimatization. Each exposure should involve a gradual increase in the intensity and duration of exercise until the exercise is comparable to that likely to occur in competition. When conditions are extreme, training or competition should be held during a cooler time of day.

**5. Hydration.** Dehydration (hypo-hydration) must be avoided not only because it hinders performance, but also because it can result in profound heat illness. If you are thirsty, you are already dehydrated! Student-athletes should be encouraged to drink as much and as frequently as comfort allows. They should drink 1-2 cups of water the hour preceding workouts, and continue drinking during the activity (every 15-20 minutes). For activity up to 2 hours in duration, most weight loss represents water loss, and that fluid loss should be replaced as soon as possible. Following activity, the athlete should re-hydrate with a volume that exceeds the amount lost during the activity. A 2 pound weight loss corresponds to approximately 1 quart of fluid loss. Urine color can be used to assess hydration. Dark colored urine = Dehydrated. If urine output is plentiful and the color is "pale yellow or straw colored" the athlete is probably not dehydrated. Carbohydrate/electrolyte drinks should only be used 1-2 hours prior and during recovery (after) activity; not during! Avoid use of salt tablets – inhibits physiological heat loss! Dangerous hyper-hydration is also a risk if athletes drink based on published recommendations and not according to individual needs.

**6. Clothing.** Clothing and protective equipment increase heat stress by interfering with the evaporation of sweat as well as inhibiting other pathways for heat loss. Dark colored clothing increases the body's absorption of solar radiation. Rubberized suits should never be used!

### **HEAT ILLNESS WARNING SIGNS**

Dehydration can seriously compromise athletic performance and increase the risk of exertion heat injury. It is important to recognize the following signs and symptoms:

- Thirst
- Cramping
- Irritability
- Nausea
- Headache
- Rapid and weak pulse
- Weakness
- Pale or flushed skin
- Dizziness
- Visual disturbance
- Excessive fatigue
- Decreased performance

If heat illness is suspected, prompt emergency treatment is recommended. For more information, contact your team physician or certified athletic trainer.

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For more information regarding these issues, you can go to the following web sites:

- ✓ National Collegiate Athletic Association: Health & Safety: [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- ✓ NCAA Drug Testing Program: <http://www.ncaa.org/wps/ncaa?ContentID=282>
- ✓ National Center for Drug-Free Sport: [www.drugfreesport.com](http://www.drugfreesport.com)
- ✓ National Center for Drug-Free Sport – Resource Exchange Center (to check yourself): [www.drugfreesport.com/REC](http://www.drugfreesport.com/REC) Division 1 institutions use the password **ncaa1**
- ✓ National Athletic Trainers Association: [www.nata.org](http://www.nata.org)
- ✓ Stony Brook University Athletics: [www.goseawolves.org](http://www.goseawolves.org)
- ✓ Stony Brook University Sports Medicine (to locate all necessary forms & SBU Athletic Department Drug Testing Program): [www.goseawolves.collegesports.com/school-bio/ston-athletic-training.html](http://www.goseawolves.collegesports.com/school-bio/ston-athletic-training.html)

*The NCAA information referred to throughout this document will be updated to reflect 2010-11 material later this summer. Please check the NCAA or SB Athletics web site(s) prior to arrival on campus.*



**SPORTS MEDICINE REQUIRED DOCUMENT CHECK LIST 2010-11**

Student-Athlete Name \_\_\_\_\_ Student ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Please print!)

Sport \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT, REVIEW & UNDERSTANDING OF THE FOLLOWING:**

**I certify that I have received, read and understand the items listed below by placing my initial next to the statement. I am aware that completed and signed documents must be submitted to the Sports Medicine Staff PRIOR to participation in ANY Stony Brook intercollegiate athletic team related activity including strength and conditioning. Parental/guardian signature required regardless of age.**

- \_\_\_\_\_ 1. Sickle Cell, Concussion, Drug Testing, Heat Illness, Insurance Letter  
**(initial)**                    a. *NEW PROCEDURE > Sickle Cell Testing required documentation for all SA's beginning their initial year of eligibility (freshmen, transfers & those trying out for any team)*  
                                   b. *NEW PROCEDURE > Concussion Education*  
                                   c. *Prescription Medication > Notification and Proper Documentation Required*  
                                   d. *Banned Substances > Institutional and Year- Round NCAA Drug Testing*  
                                   e. *Supplements > Sports Supplements Health Warning*  
                                   f. *Heat Illness > Risk Factors & Warning Signs*  
                                   g. *Insurance Procedures > Complete Documentation/Signatures Required*

- \_\_\_\_\_ 2. Go to SBU Sports Medicine web site for all documents which must be completed in their  
**(initial)**                    entirety and returned to the address listed below via mail or hand delivered –  
**FAXES NOT ACCEPTED!**  
[www.goseawolves.collegesports.com/school-bio/ston-athletic-training.html](http://www.goseawolves.collegesports.com/school-bio/ston-athletic-training.html)

**Returners:**

- 2010-11 Assumption of Risk
- 2010-11 Returning Student Athlete Medical Questionnaire
- 2010-11 Insurance Questionnaire
- PARENT SIGNATURE REQUIRED*
- Completed in its entirety*
- COPY of front & back of insurance medical & dental card(s) must be attached*

**New Student-Athlete's (first time participants & transfers):**

- 2010-11 Assumption of Risk
- 2010-11 New Student Athlete Health History
- 2010-11 Insurance Questionnaire
- PARENT SIGNATURE REQUIRED*
- Completed in its entirety*
- COPY of front & back of insurance medical & dental card(s) must be attached*

\_\_\_\_\_  
**Signature of Student-Athlete**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian (MANDATORY!)**

\_\_\_\_\_  
**Date**

Please return all documents (hand deliver or mail) by July 1st to:  
Sports Medicine  
Athletic Department  
Stony Brook University  
Stony Brook, NY 11794-3500  
Phone 631-632-6448

|                                    |
|------------------------------------|
| <b>Sports Medicine Staff only:</b> |
| <b>Initial:</b> _____              |
| <b>Date:</b> _____                 |