



**NORTH CAROLINA
AGRICULTURAL AND TECHNICAL
STATE UNIVERSITY**

www.ncat.edu

A LAND-GRANT UNIVERSITY and A CONSTITUENT INSTITUTION of THE UNIVERSITY of NORTH CAROLINA

Dear Student-Athlete,

On behalf of the Department of Sports Medicine I would like to welcome you to North Carolina A&T State University. We hope to help make your student-athlete experience safe and enjoyable.

Prior to your arrival on campus we ask that you share your medical history and insurance information by completing the required medical documents. We also ask that you read and become familiar with the policies and procedures of the Department of Sports Medicine. All freshmen and transfer student-athletes are required to complete all pre-participation medical forms *PRIOR* to being allowed to participate in any practice, game or conditioning session with their respective athletic programs.

The following pages provide detailed instructions for the creation of your electronic student-athlete medical file. These directions should be followed closely in order to avoid any errors or delays in your athletic participation. Please note - these documents are different from those sent out by the NC A&T Student Health Center. Only the documents listed below will be accepted for clearance to participate as a NC A&T student-athlete!

If you experience any difficulty navigating through the software or have any questions, please feel free to contact us in the office at 336-256-0533.

Completed forms and medical documentation should be submitted by **July 15th**. Any student-athlete planning to attend summer school should submit all documents prior to their arrival on campus. Hard copies of any required documents may be mailed to the Department of Sports Medicine at the following address.

**North Carolina A&T Department of Athletics
Moore Gym
ATTN: Janah Fletcher
1601 E Market St
Greensboro, NC 27411**

Again, welcome to North Carolina A&T State University. We look forward to meeting you this fall. Please contact us if you need assistance or have any questions or concerns.

Janáh Fletcher, MS, LAT, ATC
Head Athletic Trainer
North Carolina A&T State University
jefletch@ncat.edu

Directions for Creation of Student-Athlete Electronic Medical File

(Freshman & Transfer Student-Athletes Only)

Please read through the directions carefully before getting started. Have all information ready and in front of you before you begin the software (i.e. insurance card, medical info, etc). Please allow yourself no less than 30 minutes to complete. All information will be kept confidential.

- ☐ Start your internet browser to access the web page ncat2.atsusers.com; The ATS Athlete Web Portal Login screen will appear.
- ☐ Enter **new** as the Athlete ID
Enter **new** as the password
Enter **atsncat** as the database
- ☐ Click on the **Athlete Information** icon and select the team(s) for which you will participate. Complete ALL demographic information under the **General** tab. Please provide your NCAT email address. Also, please provide your home and local address, social security number, and cell phone number.
***Enter your Banner ID as your Athlete ID.**
- ☐ Enter any applicable **Medical Alerts** (ex: asthma, diabetes, etc), **Allergies**, and **Current Medications** in the appropriate fields.
- ☐ Once you have entered your information, click the “Save Athlete Information” button. An email with your login ID and password will be sent to you.
- ☐ PLEASE make sure you are using the mouse to click the necessary icons, NOT the enter key. Please do NOT click the back button or internet browser buttons at any time; if you need to return to a page, use the labeled icons.
- ☐ Click on **Medical History**. If you have had any surgeries, click “Add” and complete each field. Once completed click on “Save Medical History”. You may enter multiple surgeries.
- ☐ Click on **Insurance**. Click “Add” to enter your primary insurance information. Complete all fields and click the “Save” button at the bottom of the screen. Payor # (primary insurance = 1, secondary insurance = 2). **A copy of the front and back of your insurance card is required.** You may upload a copy of your card(s) or mail a copy to the address listed on the previous page. All information will be kept confidential. (Multiple insurances may be added)
- ☐ Click on **Contacts**. Click “Add”. Complete all fields and click the “✓” button to add the contact to your records. (Multiple contacts may be added).
- ☐ Click on **Forms**. Under Form Name choose “*Pre Participation*” and click “New”. Do not select a date. A list of questions will appear on the screen. Please read and answer each question carefully. If you respond ‘yes’ to any question, please provide as much detail as possible in the space provided. Click “Save” once you have answered each question. Note that there are 4 pages of questions that must be completed. You must answer **every** question in order to save this form. Once you have finished the Pre-Participation form please provide an electronic signature in the box provided. If the student-athlete is under the age of 18, a parent/guardian signature is required.
- ☐ Return to **Forms**. For each of the remaining forms listed please read and provide an electronic signature in the box provided. You may print a copy of each of the signed Athlete Forms for your records.

- Assumption of Risk
- Insurance Agreement
- Disclosure of PHI
- Drug Testing Consent
- Authorization for SHS
- Injury Reporting
- Concussion Acknowledgement

□ Click on **eFiles**.

- *Sickle Cell Policy*: Download and read policy carefully. Results of sickle cell testing must be received by our office in order to be cleared for athletic participation.
- *ADHD Medical Exception*: Download and read form carefully. Have current prescribing physician provide necessary information detailed on final page.
- *NCAA Concussion Fact Sheet*: Download and read carefully. Sign the *Concussion Acknowledgement* under the Forms tab after reviewing this document.

Note: *If you have trouble viewing or downloading any of the above forms please contact us. Late and/or incomplete medical forms may result in a delay in your athletic participation.*

□ Logout.

Sickle cell results and copies of insurance cards can be mailed to the address below. Please clearly identify the student-athlete's name and sport.

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