

NORWICH UNIVERSITY HEALTH SERVICES

802-485-2552 (P) / 802-485-4577 (F)

healthservices@norwich.edu

*****DUE NO LATER THAN JULY, 15th, 2025*****

Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Preferred Name: _____ Gender: _____ Preferred Pronouns: _____

Lifestyle (Circle **ALL** that Apply): "I Am A... FULL-TIME PART-TIME CIVILIAN CADET ATHLETE RESIDENT COMMUTER "

PERSONAL HEALTH HISTORY – COMPLETED BY STUDENT (AND/OR PARENT OR LEGAL GUARDIAN IF PATIENT UNDER 18)

Medications: List all prescription and over-the-counter medicines and supplements (herbal and nutritional) you are currently taking:

Do you have allergies? No Yes If yes, identify specific allergen and describe the reaction:

Medicines Pollen Food Stinging Insects

Medical History: please list any relevant medical history (surgeries, concussions, mental health, ADD/ADHD, diabetes, asthma, etc)

All students are required to sign below, indicating they are aware that information on these medical forms may be shared between Norwich University Health Services, Norwich University Athletic Trainers and Norwich University Administration (including but not limited to the Dean of Students or Commandant.) The sharing of personal health information is to ensure that all medical professionals are familiar with each student's health history and help manage any treatment plans while the student is on campus. This authorization will expire when the student either withdraws or graduates from Norwich University.

Student Signature

Date Signed

Parent/Guardian Signature (if student under the age of 18, **please go to next section**)

Date Signed

If patient is under the age of 18, per Vermont Law [1 V.S.A. § 173], Norwich University Health Services, University of Vermont-Central Vermont Medical Center Health Network requires parental/guardianship consent to treat. Please fill out your information and then **check yes or no for each section granting consent to treat your student:**

Patient's parent and/or guardian, (Print Name) _____ (Relationship) _____, has given permission to treat patient through University of Vermont Health Network. Treatment includes:

Y N

Scheduling at Norwich University Health Services and UVM/Central Vermont Medical Center (non-emergency)

Medical Evaluation due to symptoms, diagnosis, medications, test results and treatment plan (does not include Mental Health unless specifically indicated with separate option)

Mental Health (Behavioral and Psychiatric) including symptoms, diagnosis, medications and treatment plan

*Patient's parent and/or guardian will get reached for patient's billing inquires/insurance, emergency visits (ED) and ambulatory, and medications listed/classified as control substances. **Permission remains in effect until patient's parent and/or legal guardian revokes it or patient turns 18 years old.***

Sickle Cell Trait Status Verification

Since August 2022 the NCAA has required that all first-year athletes must verify their Sickle Cell Trait status. What is Sickle Cell Trait?

1. <https://www.ncaa.org/sports/2016/7/27/sickle-cell-trait.aspx>
2. https://ncaaorg.s3.amazonaws.com/ssi/other/SSI_NCAASickleCellTraitforSA.pdf

Only student-athletes who are new to Norwich Athletics (either first year student, transfer, or first-time playing sport at Norwich) must complete Sickle Cell Trait status confirmation

How do I complete this step?:

1. Upload a copy of your Sickle Cell Trait Verification or Test Results into the NU Living/StarRez portal.

How do I obtain verification of my Sickle Cell Trait Status?

- 1) Obtain and submit a copy of your Newborn Screening Records pertaining to Sickle Cell Trait
 - a) Resources for obtaining your Newborn Screening Records:
 - i) Contact the hospital where you were born and request a copy of sickle cell trait status from your birth. Most states required newborn SCT testing beginning in 1990
 - ii) New England Newborn Screening Program: born in Massachusetts, Rhode Island, Maine, New Hampshire or Vermont
 - (1) Website: <https://nensp.umassmed.edu/>
 - (2) Email: nbs@umassmed.edu
 - (3) Phone: 774-455-4600

OR

- 2) Obtain Sickle Cell Trait Screening results (e.g. Sickle Cell Solubility test or Hemoglobin S test) by getting tested from a physician or other authorized medical provider.
 - (1) This requires a written request from a physician, a blood draw from a physician's office or lab, and a lab test with results indicated. The cost associated with this will be submitted to your insurance plan
 - (a) Quest Diagnostic has a code for the NCAA sickle cell test - no referral needed, and results come in 48 hours. Some insurances will cover this, reach out to your insurance provider to determine if this is a cost they will cover.
 - (i) Link for Quest/NCAA <https://sicklecelltesting.pwnhealth.com/order>

Whichever option is chosen, it must be completed and submitted to NUHS before the athlete participates in any intercollegiate athletics events, including strength and conditioning sessions, practices, competitions, etc.

Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics, this does NOT prohibit you from playing.