

# Missouri State.

**CHEER SQUAD**

**2025-2026**

**Tryout Packet**



**Tryout Clinic Dates**

**March 22, April 12, & April 26**

**Paperwork and Application Due Monday April 21st**

**Tryout Date: May 3rd & 4th**

**1st Practice: May 4th afternoon**

# Missouri State™

## CHEER SQUAD

**2025-2026**

Dear Tryout Candidate,

First of all, thank you for your interest in the Cheer Squad at Missouri State University. We are very excited to have you continue a long tradition of individuals who have chosen Missouri State University to further their education, and we are even more excited that you have considered continuing the tradition with the Missouri State Cheer Squad.

The Cheer Squad serves as one of the most visible student groups on campus, and we take pride in the role of University ambassadors, not only at athletic events, but also to the state of Missouri, and the community. The upcoming school year is going to be a year in which we build on our foundation of high standards of excellence and leadership. We have the privilege of cheering at our state of the art 11,000 seat arena, GSB Arena, and our newly renovated Plaster Stadium. The Cheer Squad placed first in their division among the nation's best in the country at UCA Virtual College 2021 Nationals and has been a top contender in the past years. We will be competing at UCA college nationals in January.

Tryouts for the 2025-26 season will be May 3rd & 4th, 2025, at which time we will be selecting the squad for the 2025-2026 school year. If an individual makes the team, they will be required to attend Sunday, May 4th for a team meeting in the afternoon. The date for the clinic is on the following Information Sheet. The information contained in this packet is everything you need to know to try out for the Missouri State Cheer Squad. If you have any questions regarding any of the information contained on the following pages or have a question regarding anything related to Missouri State University, please don't hesitate to contact me.

Sincerely,

**Noah Sturgeon**  
Missouri State University  
Head Cheerleading Coach

**Missouri State**  
UNIVERSITY

MAKE YOUR MISSOURI STATEMENT

# Missouri State™

## CHEER SQUAD

**2025-2026**

### **Tryout Clinic Information**

The Tryout Clinics are specifically designed to help with Co-Ed and Group Partner Stunting, Tumbling, and prepare the Missouri State Fight Song. Participants also benefit by personally meeting with the coach and learning first-hand information about the tryout process. One of these clinics will be mandatory in order to be eligible for tryouts.

#### **Clinic #1**

Saturday, March 22, 2025

9-10am Fight Song Clinic \$10 Fee (optional)

11:00am-4:00pm - \$40 Fee

#### **Clinic #2**

Saturday, April 12, 2025

9-10am Fight Song Clinic \$10 Fee (optional)

11:00am-2:00pm - \$40 Fee

#### **Clinic #3**

Saturday, April 26, 2025

9-10am Fight Song Clinic \$10 Fee (optional)

11:00am-2:00pm - \$40 Fee

#### **Clinic Location**

- Hammons Student Center  
661 John Q Hammons Parkway  
Springfield, MO 65897

### **Clinic Requirements**

To participate in the tryout clinics and tryout you must have:

1. Tryout Application and Paperwork (details p. 5) **(Seniors 2025, or transfer students trying out)**
2. Clinic fee \$40 (checks payable to MSU cheer, cash and venmo)
3. Waiver
4. Proper clinic attire

Ladies: cheer shoes, athletic shorts, t-shirt

Men: tennis/cheer shoes, shorts & t-shirt

*The above is required for participation at the clinic... no exceptions.*

*All clinics will be open to the public based on location. Tryouts will be closed to the public.*

# Missouri State™

## CHEER SQUAD

**2025-2026**

### 2025-2026 Tryout Skills/Requirements

#### Females

- Game Day Presence and Sharp Motions in Fight Song

#### Tumbling

- Standing BHS, or Tuck (recommended)
- Running BHS, Tuck

#### Other Tumbling Skills Suggested

- Standing 2 BHS to Tuck or Full
- Running Round Off BHS Layout or Full
- Standing Full

#### Stunting

- Toss Extension
- Straight up lib
- Spinning Dismount

#### Other Suggested Stunts

- Full Up
- Full Around
- Other flipping stunts
- College dismounts

#### Males

- Fight Song with Motions

#### Tumbling

- Standing Tuck or Progression to Standing Tuck (recommended)

#### Other Suggested Tumbling

- Running Tumbling to tuck or higher skill
- Standing Full

#### Stunting

- Coed Toss Hands Press Extension (Recommended)

#### Other Suggested Stunts

- Toss Extension
- Hands to Lib/Cupie
- Toss Lib
- Full Up
- Other College Level Flipping Stunts

# Missouri State.

## CHEER SQUAD

### 2025-2026

#### Scholarship Information

We have minimal scholarship stipend allocation, select athletes will receive a \$100-750 per year split into two semester stipends if they abide by the cheerleading contract and university athletic requirements.

**Athletes are supplied with the following by the University and Spirit program.**

- o Game Day Shoes*
- o Practice Shirts*
- o Practice Shorts/Spandex/Bras/Compression Shirts*
- o Poms & Bows*
- o 4 family tickets to each home football game.*
- o Travel, Lodging, Meals when traveling for camp, games, tournaments, and nationals.*
- o National competition fees.*
- o Meals on occasion for special events/games*

#### Tryout Date

Saturday & Sunday, May 3rd & 4th 2025

#### Saturday May 3rd

-Registration 9:30am

Location: Hammons Student Center

-Warm up 10 am

-Tryout Session 1: 10am-12 pm

-Tryout Session 2: 2pm-5pm

#### Sunday May 4th

-Warm up 9 am

Tryout Session 3: 9am-11am

-Team announcement 12:30pm

-First Practice 12:45pm-3pm

#### Required University Athletic Clearance:

*Scheduled individually for a day end of May*



# Missouri State

## CHEER SQUAD

### 2025-2026 Medical and Liability Release

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Participant's email address \_\_\_\_\_

I hereby release Missouri State University, its Board members, officers, agents and employees (collectively referred to as "the University") from all claims I may have for injuries or damages, which may result from my participation in activities with the Missouri State University Cheerleading Program, including Tryout Clinics and Tryouts. I understand the possible risks associated with being able to participate in these activities and release all such claims even though the claim may arise out of negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown. I further covenant not to sue the University for any such claim.

I authorize and provide consent for licensed medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending physician, including diagnostic testing and examination should I become injured or sick while participating in activities with the Missouri State University Cheerleading Program, including tryout clinics, tryouts, and all other activities, should I be selected as a member of the 2023-2024 Cheerleading Team.

Participant Signature \_\_\_\_\_ (required)

Parent/Legal Guardian Signature \_\_\_\_\_

(required if participant is under 18 years old – I agree to all of the conditions set forth above for my son/daughter)

Missouri State University does not provide accident or health insurance, and will not pay for any medical expenses incurred by me. Participants are required to have medical insurance and provide the information below.

Participant Health Insurance \_\_\_\_\_

Participant Insurance Policy# \_\_\_\_\_

Birth date \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

# Missouri State.

## CHEER SQUAD

### 1. Tryout Application (Due Monday, April 21<sup>st</sup> 2025)

*See below for paperwork requirements.*

*All medical forms/requirements should be uploaded to the application or email upon application submission. (NoahSturgeon@Missouristate.edu)*

### 2. Tryout Appearance/Attire

- Tryout participants may not wear apparel that identifies them with a particular squad or school. No high school, college, all-star squad apparel or competition shirts will be allowed.
- Generic apparel with the Missouri State logo is recommended.
- No jewelry of any kind is permitted at tryouts, tryout clinics, or any practice, appearance or performance throughout the year. *These standards are in accordance with the USA Safety Rules, and following these rules at all times is mandatory.*  
**Ladies:** cheer shoes, maroon, white or black t-shirt, maroon, gray or black shorts, hair low pony with a white bow, maroon, or black bow make-up and lip color should project a collegiate image. (No bright red lipstick)  
**Men:** Maroon, White or Black t-shirt, White, Maroon or Black athletic shorts, Athletic/cheer Shoes, clean cut facial hair

Medical Paperwork Requirements – emailed to Coach Noah (Due Monday, April 21<sup>st</sup>)

#### **Returning Member Applicants**

- Copy of updated Health Insurance Card

#### **First Year Applicants**

- Sports Physical (completed within 6 months of tryout date)
- Copy of updated Health Insurance Card
- Waiver (p. 6)
- Sickle Cell Test Result (p. 7)
- Preliminary Health Disclosure (p. 8 & 9)
- HIPPA Form (p. 10 & 11)



## Medical Clearance for Participation in MSU Athletics

- 1) **PRE-PARTICIPATION EXAM (PPE)** - It is required that, before you can participate in any activity as a MSU athlete, you must receive and pass a PPE *by a MSU Team Physician, arranged thru the Athletic Medical and Rehabilitation department*. This includes summer workouts, weight room and sport facility usage. A PPE is required yearly for each athlete. For our new athletes, yours can be done during the summer just prior to your start here at MSU. We strongly encourage you to get it done in the summer months if you live within close proximity or find yourself in Springfield at some point in the summer. ***A PPE done by physicians other than MSU team physicians are not eligible to clear our athlete for participation in MSU athletics.***

Before you can be scheduled for a PPE, you will need complete the information below. You can return these forms to us by either mail, fax, or scan and e-mail back to us. ***If you fax or scan, please remember to bring the originals with you to your physical (with all signatures needed), along with a photocopy of the front and back of your insurance card.***

- a. **Athlete Information and Health Questionnaire** – Please fill out completely. ***It is very important that all pre-existing injuries and conditions be reported to Athletic Medical and Rehabilitation Services.*** Failure to do so, or failure to provide the proper documentation for such situations may delay proper medical care, delay your clearance in, or disqualify you from, participation in intercollegiate athletics at MSU.
  - b. **Insurance Questionnaire** – to be filled out by the primary insurance policy holder. Please remember to include a legible photocopy of the front and back of your insurance card(s).
  - c. **Mercy-Springfield Patient Registration** – This is the information needed to be registered as a patient at Mercy Hospital-Springfield, where all our team physicians work. This must be done prior to receiving service from our team physicians or Mercy Hospital-Springfield, including the PPE. ***You can do so over the phone by calling (417) 829-4567.*** Inform them that you are a MSU athlete needing to register before you get your physical with Dr. Landon Hough. You will need to give them your insurance information as the primary payer, and then inform them to put Missouri State University Athletics as a “separate guarantor”. ***Please keep in mind that “separate guarantor” does not insure MSU will pay the balances, the situation must still fit within our policy.***
- 2) **OTHER FORMS and TASKS** – the following items are required either at the time of the PPE or shortly after:
- a. **Well-Being Health Questionnaire** – this form is provided to the athlete at the time of the physical, and once completed, placed in an envelope and sealed by the athlete to ensure confidentiality. Only the MSU Team Psychologist, Dr. Shawn Freeman, reviews this form.
  - b. **Authorization for Disclosure of Patient Medical/Health Information (HIPAA)** – every athlete is required to sign this HIPAA release form yearly.
  - c. **Treatment Authorizations and Agreements** - for both MSU and Mercy Hospital-Springfield, signed yearly.
  - d. **Injury/Illness Reporting Agreement** – signed at the time of the 1<sup>st</sup> PPE
  - e. **Concussion Pre-Screen** – done by a MSU athletic trainer, in accordance with the MSU concussion policy, to help with return-to-play criteria.
- 3) **OTHER CONSIDERATIONS**
- a. **Sickle Cell Disease Testing Result Verification** – In accordance with the NCAA, all student-athletes are required to provide testing results for the sickle cell solubility test before participating in athletically related activities. Any student-athlete unable to provide results of previous testing will be required to be tested, and provide results, before they can be medically released to participate as a MSU student-athlete.
  - b. **ADD/ADHD (if applicable)** – Per the requirements of the NCAA, all athletes that take medication for ADD/ADHD must have the proper documentation on file with the University. Medications for ADHD will show up as a banned substance, and if tested by the NCAA, they will be subjected to all sanctions by the NCAA, including ineligibility for 1 calendar year. ***If you take medications for ADHD, contact us and we will furnish you with the proper reporting procedures.***
  - c. **Medications** – all medications should be reported to determine the need for an NCAA medical exemption
  - d. **Meningitis Vaccination** – Per Missouri state law, students who reside in on-campus housing, including fraternity and sorority housing, are required to have received the meningococcal vaccine before being allowed to take residence. ***Please note that MSU athletics does not cover this expense, as this is a university requirement, not a requirement of athletics.***

***Any questions?*** Contact us at (417)836-5461, we will be happy to discuss this information with you.

(1/30/22)

## Medical Coverage, Payments and Insurance Considerations

- 1) **What medical expenses does MSU cover?** - If your child gets hurt as a result of participating in a MSU supervised practice or competition, and their healthcare is provided within the MSU medical network, you will not be expected to pay any cash out of pocket. Illnesses that occur during the school year, that limit the athlete's ability to compete in, or prepare for competition. Assuming the situation fits all the proper criteria, ***MSU payment is secondary***. Services are primarily billed to the athletes' personal insurance, once that insurance pays its limits, MSU pays the balance.
- 2) **What is the MSU medical network?** - The network consists of the MSU Athletic Medical and Rehabilitation Services (**AMR**), MSU's Mager's Health Center and the Mercy Hospital-Springfield system. Any services provided, such as rehabilitation, surgery, pharmacy, special diagnostic testing (i.e. x-rays, MRI, etc...) or physician evaluations within these three entities, is considered within the MSU medical network.
- 3) **What about second opinions or using physicians or services outside the MSU medical network?** - Thanks to the partnership with Mercy Hospital-Springfield, the MSU medical network is a vast resource for MSU and its athletes, with many physicians and services available to our athletes in a very timely and effective manner. However, should you feel the need to get a second opinion or seek services from a facility or physician outside of our medical network, MSU will be unable to pay any expenses that occur from those visits. We would encourage checking with your insurance first, to make sure the services that you are seeking fall within your policy, to limit your ultimate financial responsibility for the remainder of these balances.
- 4) **What is your role in the payment for services that fall within the MSU medical network?** - The athlete and parents, have an important role in assuring that payments are made correctly and in a timely manner. It is important that you ***a) inform us anytime the athletes' insurance information changes, b) send us any and all correspondence you receive from your insurance companies (i.e. EOB's) or place of service (statements, bills)***. Your insurance company may send payments directly to you. Should this occur, we ask that you please remit that payment to the provider as soon as possible. We will not be able to submit the balance until the primary portion is paid.
- 5) **What if you receive a bill from Mercy Hospital-Springfield?** - At times the athlete and/or the insurance policy holder will mistakenly receive a bill for a service that MSU is responsible for. Should this occur, contact us so we can call Mercy to get that bill sent to us. ***Under no circumstances, send your own money for a balance you know to be the responsibility of MSU.***
- 6) **What do you do if you are contacted by a collection agency?** - Contact us if you receive any correspondence from someone claiming to be from a collection agency, ***and under no circumstances send your own money for a balance you know to be the responsibility of MSU.*** When a bill goes to collections, it is often the result of parents/athletes not following through, in a timely fashion, with their role as described in #5 above. It is very difficult to reverse, and may harm your credit.
- 7) **What if you have a health savings account?** - If the answer is yes, you will need to inform your insurance company not to use this account if the balances of those bills are to be paid by MSU. ***If your health savings account pays a balance that is the responsibility of MSU, we may only be able reimburse you the amount that MSU would have been responsible to pay had the bill gone through the normal channels, which may be less than what was taken out of your health savings account.***
- 8) **Billing for rehabilitation** - Athletic Medical and Rehabilitation Services bills the athlete's primary insurance for rehabilitation done here at MSU. There will be no out-of-pocket expenses to the athlete and/or parents. Your insurance company may send payments directly to you. Should this occur, we ask that you please remit that payment to us as soon as possible. Failure to do so would be considered a NCAA violation, and subject the athlete to a university encumbrance.
- 9) **Maintaining updated insurance information** - It is vitally important that the athlete's primary insurance information be kept current. Failure to do so inhibits AMR from paying the athlete's medical bills in a timely fashion and may result in the bills being sent to a collection agency. ***To prevent this from happening, please notify AMR whenever the athlete has a change in insurance policy, providing us with a photocopy of the front and back of their new card.***
- 11) **Very Important** - Any appointments with physicians, dentists, medical specialists, or other healthcare professionals, whether in or out of the MSU medical network must be approved by and made through the athletic trainers or personnel designated by the athletic trainers. **Any medical expenses or bills accumulated in any other manner are the sole responsibility of the student-athlete and his/her parent(s) or guardian(s).**

***Any questions?*** Contact us at (417)836-5461, we will be happy to discuss this information with you.

**MISSOURI STATE UNIVERSITY SPIRIT SQUAD**  
**PRELIMINARY HEALTH DISCLOSURE**

**ATHLETE NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Please answer YES or NO to the following questions, and provide any appropriate explanations.*

1. Have you ever been diagnosed with a heart condition/disease? \_\_\_\_\_  
*If yes, please explain the condition/disease:*
2. Has anyone in your family died from a heart condition/disease, prior to the age of 50? \_\_\_\_\_  
*If yes, please explain who and what the condition/disease was:*
3. Have you ever had a cardiac surgery of any kind? \_\_\_\_\_  
*If yes, please list when and what the surgeries were:*
4. Have you ever been hospitalized for an illness? \_\_\_\_\_  
*If yes, please explain what the illness was:*
5. Have you ever been diagnosed with Sickle Cell Disease/Trait? \_\_\_\_\_  
*If yes, please explain any problems you have experienced with sickle cell disease/trait:*
6. Has anyone in your family ever been diagnosed Sickle Cell Disease/Trait? \_\_\_\_\_  
*If yes, please explain who:*
7. Have you been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)? \_\_\_\_\_  
*If yes, please explain what medication you use:*
8. Have you been diagnosed with an eating disorder? \_\_\_\_\_  
*If yes, please explain which eating disorder and what measures have been taken to manage it:*
9. Have you ever been diagnosed with a mental illness? \_\_\_\_\_  
*If yes, please explain which illness and what measures have been taken to manage it:*
10. Have you had any surgeries in the past 5 years? \_\_\_\_\_  
*If yes, please list when and what the surgeries were:*
11. Have you had any other surgeries of major significance in your lifetime? \_\_\_\_\_  
*If yes, please list when and what the surgeries were:*

I, \_\_\_\_\_, confirm that, to the best of my knowledge, that all the demographic and medical information reported in this document is accurate. ***I understand that any incorrect, misrepresented or undisclosed information may compromise my level of medical care, delay my clearance to participate as an intercollegiate athlete at Missouri State University and/or disqualify me from participation altogether.***

\_\_\_\_\_  
***Athletes Signature (if over 18 years of age)***

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

\_\_\_\_\_  
***Parent/Guardian Signature (if athlete is under 18)***

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

## ***MSU STUDENT-ATHLETE INSURANCE INFORMATION***

### **SECTION I – Insurance Coverage Verification**

Is this student-athlete covered by a health insurance policy? \_\_\_\_\_

- *If YES, please continue to SECTION II; If NO, please sign the confirmation below:*

We confirm that this student-athlete has no insurance coverage

	PRINT NAME	SIGNATURE	DATE
Parent/Guardian			
Athlete			

### **SECTION II – Please provide the following POLICY HOLDER and INSURANCE POLICY Information**

Full Name (legal)					
Home Address					
Contact Phone #					
Date of Birth					
Social Security #					
Insurance Co. Name And Claim Address					
Policy #					
Group #					
Is this policy considered: (Check if applicable)	PPO	HMO	Tricare	Medicaid	International
Does this policy include coverage for: (Check if applicable)	Pharmacy		Dental	Vision	

*Does this student-athlete have a SECONDARY POLICY for: (Please check all those that apply)*

Pharmacy	Dental	Vision	Secondary Health Coverage
<i>If yes, please attach an additional copy or copies of this MSU STUDENT-ATHLETE INSURANCE INFORMATION form to provide the appropriate SECONDARY POLICY information, along with photocopies of the policy card.</i>			

We confirm that the above information is correct and we acknowledge that our policy is considered primary and Missouri State University (MSU) is secondary. We acknowledge that MSU has a policy that outlines the limits of their coverage and whatever falls outside the MSU policy, we assume financial responsibility for.

	PRINT NAME	SIGNATURE	DATE
Policy Holder			
Athlete			

*Please attach a photocopy of the front and back of your insurance card(s). Bring your card(s) with you at the time of your physical.*

*It is very important that the student-athlete and or policy holder keep the information provided to MSU current and up-to-date. Failure to do so can delay payments to providers, involve collection agencies, have a negative impact on the student-athletes and/or policy holders' credit rating, and negate MSU's ability to make payment. PLEASE REPORT ANY CHANGES IN THE INSURANCE POLICY AS SOON AS POSSIBLE!*

*(7/6/16)*

# MSU STUDENT-ATHLETE INFORMATION AND HEALTH QUESTIONNAIRE

## SECTION 1 – STUDENT-ATHLETE DEMOGRAPHIC INFORMATION

FULL LEGAL NAME:		Last:	First:		MI
BEAR PASS#:	M	SPORT:	DATE OF BIRTH:		
HOME PHONE:		CELL PHONE:			
PERMANENT HOME ADDRESS:		Street:			
City:		State:		Zip Code:	
PERSONAL E-MAIL ADDRESS:					
BEAR PASS E-MAIL ADDRESS:					

## SECTION 2 – PARENTS/LEGAL GUARDIANS DEMOGRAPHIC INFORMATION

Name:		E-MAIL:	
DOB:		CELL PHONE:	
ADDRESS:		HOME PHONE:	
Name:		E-MAIL:	
DOB:		CELL PHONE:	
ADDRESS:		HOME PHONE:	

## SECTION 3 – FAMILY MEDICAL HISTORY

IMMEDIATE FAMILY	AGE	LEVEL OF HEALTH	IF DECEASED, LIST AGE AT TIME OF DEATH and CAUSE OF DEATH
FATHER			
MOTHER			
SIBLING 1			
SIBLING 2			
SIBLING 3			
SIBLING 4			
SIBLING 5			

**HAS ANY RELATIVE EVER HAD?** Please check all that that apply.

CONDITION	X	RELATION	CONDITION	X	RELATION
CANCER			HIGH BLOOD PRESSURE		
TUBERCULOSIS			STROKE		
DIABETES			EPILEPSY		
HEART DISEASE			MENTAL HEALTH		
DEATH FROM HEART DISEASE BEFORE AGE 50			SUDDEN DEATH		
SICKLE CELL TRAIT OR ANEMIA			OSTEOPOROSIS		

## SECTION 4 – PERSONAL MEDICAL HISTORY

**ALLERGIES HISTORY:** List any allergies to:

MEDICATIONS:		Reaction:	
FOOD:		Reaction:	
INSECTS:		Reaction:	
Do you have a prescription for an Epipen? (yes or no)			

What is your blood type?



## MSU STUDENT-ATHLETE INFORMATION AND HEALTH QUESTIONNAIRE

### **INJURY HISTORY:** Please check and explain all injuries that apply.

INJURY	X	If yes, please list body parts and dates
Broken Bone		
Stress Fracture		
Sprain		
Strain		
Chronic Inflammation ( <i>i.e. tendinitis</i> )		
Laceration		
Dislocation/Subluxation		
Concussion/Head Injury		

### **DIAGNOSTIC TESTING HISTORY:** Please check and explain all that apply.

X-RAYS ON:	X	If yes, please explain	X-RAYS ON:	X	If yes, please explain
Extremities			Chest		
Extremities (cont.)			Back		
Gall Bladder			Teeth		
Stomach or colon			Other		
DIAGNOSTIC TEST:			DIAGNOSTIC TEST:		
EKG			CT Scan		
Echocardiogram			MRI		

## **SECTION 5 – CURRENT MEDICAL**

### **CURRENT MEDICATIONS:** Please check all that apply:

Accutane		Advil		Albuterol		Amoxicillin		Aspirin		Atrovent	
Benadryl		Claritin		Ibuprofen		Keflex		Lithium		Midol	
Minocycline		Paxil		Proventil		Ritalin		Sudafed		Sulfa Drugs	
Tetracycline		Tylenol		Ventolin		Xanax		Zantac		Zoloft	
Any medication you are taking that is not listed above:											

Do you use an inhaler?		What kind & why?	
Do you take a prescription anti-inflammatory?		What kind & why?	
Do you take hormone tablets or injections?		What kind & why?	
Do you take dietary supplements?		What kind & why?	

### **BODY WEIGHT**

What is your current body weight?		What is the most you have ever weighed?	
How much did you weight one year ago?		What's the least you've weighed in the past 5 years?	
Do you worry about you weight?		Do you limit the foods you eat?	
How do you rate your appetite?		Do you replace meals with supplements?	
Does your body weight affect how you feel about yourself?			
Do you lose weight to meet your expectations of body image, as it relates to your sport?			

## MSU STUDENT-ATHLETE INFORMATION AND HEALTH QUESTIONNAIRE

Flow (heavy/medium/light)		Clots Passed (Y/N)	
Pain or Cramps (Y/N)		Date of last period	
Date of last pelvic exam		Itching in vaginal area? (Y/N)	
Date of last Pap test		Results of last Pap test	
Any discharge from vagina? (Y/N)		If yes, note color and amount	
Do you take birth control? (Y/N)		If yes, what kind and how long?	

### MEN ONLY

Do you experience any discharge from your penis – Y/N	
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### ADDITIONAL INFORMATION

*Please provide any additional information you deem necessary to yours or your child's healthcare:*

### IMPORTANT INFORMATION FOR YOU TO PROVIDE

- **PHOTOCOPY OF INSURANCE CARD** – please make a photocopy of the front and back of the athlete's insurance card and bring that photocopy with you at the time of your physical. If possible, please enlarge the copy and make sure the copy is readable. If you do not have the means to do so, you can present the actual card at the time of your physical and we will make the copy for you.
- **PRE-REGISTERING WITH MERCY HOSPITAL** - We are very fortunate to have the opportunity to have our Team Physicians come to campus to see our athletes. However, in order to accommodate this, Mercy Hospital has mandated that all of our athletes pre-register with them as patients to facilitate the billing process for services both on and off campus. This must be done prior to receiving service from our team physicians or Mercy Hospital. *To do so please call: (417) 829-4567.* Inform them that you are an MSU athlete needing to register before you get your physical with either Dr. Landon Hough or Dr. Royce Moore. You will need to give them your insurance information as the primary payer, and then inform them to put Missouri State University Athletics as a "separate guarantor". Please keep in mind that this "separate guarantor" does not insure MSU will pay the balances, the situation must still fit within our policy.
- **MEDICAL RECORDS** – It is very important that all medical records for any injuries or conditions that the student-athlete is either currently being treated for or has been treated for over the past 5 years, be provided to the Athletic and Medical Rehabilitation Department. Failure to do so may delay proper medical care, delay your clearance in, or disqualify you from, participation in intercollegiate athletics at MSU.
- Sickle Cell Verification



**INFORMATION REQUIRED FOR MERCY HOSPITAL PATIENT REGISTRATION FOR A NEW MSU ATHLETE**

***NOTE: you can either phone this information in directly to Mercy Hospital at (417) 829-4567 – OR – you can submit the completed form to MSU with the other requested forms.***

**PATIENT INFORMATION**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ INTERNATIONAL STUDENT \_\_\_\_\_

LOCAL ADDRESS: STREET: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_ LANGUAGE(s) SPOKEN: \_\_\_\_\_

ETHNICITY: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ RACE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION FOR PATIENTS UNDER 18 YEARS OLD**

***(Please use the information of the Parent/Guardian who carries your insurance)***

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**INSURANCE INFORMATION:**

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CLAIM MAILING ADDRESS:**

STREET: \_\_\_\_\_ PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GROUP #: \_\_\_\_\_ ID#: \_\_\_\_\_

**\*\*\* Please provide a copy of the front and back of the patients' insurance card**

**(7/6/16)**

