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Computerization of record keeping in the women's athletics training room at San Jose State University

Kathleen M. Flanagan
San Jose State University

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training room at San Jose State University**

Flanagan, Kathleen Mary, M.A.

San Jose State University, 1989

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COMPUTERIZATION OF RECORD KEEPING
IN THE
WOMEN'S ATHLETICS TRAINING ROOM
AT SAN JOSE STATE UNIVERSITY

A Project Report
Presented to
The Faculty of the Department of Human Performance
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

By
Kathleen M. Flanagan
May, 1989

APPROVED FOR THE DEPARTMENT OF HUMAN PERFORMANCE

Dr. Gail G. Evans

Dr. Carol L. Christensen

Susan Anthony Trieb

APPROVED FOR THE UNIVERSITY

TABLE OF CONTENTS

CHAPTER	<u>PAGE</u>
I. INTRODUCTION	1
Statement of the Problem	2
Definition of Terms	2
II. REVIEW OF SOFTWARE	4
Medical Record Keeping	4
Purchasing and Inventory Control	8
Conclusion	9
III. PROCEDURES	11
Materials	12
Design	12
Methods	14
Functions	15
IV. INSTRUCTIONAL MANUAL	17
REFERENCES	26
APPENDICES	28
Appendix A	29
Appendix B	54
Appendix C	62
Appendix D	68

CHAPTER I

INTRODUCTION

With the invention of the computer, various types of record keeping have become greatly simplified. Medical records are filed and stored with ease and the paper work is now down to a minimum. Filing systems for supply inventories have also become quite basic.

The onslaught of computer programs makes it difficult to choose which program is right for a specific purpose. Those individual programs are changeable to suit the user's interests. This aspect allows the program designer a great deal in the way of design variability.

This project was chosen to design a specific software program to suit the purposes of an athletic trainer at the university level. The program will consist of two parts: 1) the athlete; 2) the supplies. The program will be named, The Athlete and Supply Catalog (TASC).

This project idea began from the need to cut down on the ever increasing amount of paper work that the athletic trainer encounters. No program exists that is basic enough yet contains all the elements necessary to cover a trainer's needs.

Programs exist to cover a patient's medical file; however, these also contain the patient's financial records. This element is not needed in athletic training. Supply and inventory programs also exist. They are also too complex for the training situation.

The combination program including medical files and supplies and inventory would be beneficial for the training room in that the records would be easy to obtain by the athletic trainer without having to manually search and find specific information desired.

Statement of the Problem

Although current computer programs exist for medical files and supply inventory files, none has been designed to be basic enough to suit the needs of athletic training in both areas. It is the intent of the researcher to design and develop a program to suit the needs of the athletic trainer in the area of medical records and inventory.

Definition of Terms

Athletic Trainer - An individual whose purpose is to aid the athlete in prevention and care of athletic injuries. For the purpose of this research, the

individual is National Athletic Trainers Association (NATA) certified.

Equipment - Articles in the training facility that are expected to last 3 years or more.

Expendables - Items used throughout the year which are not reusable (ex: tape, bandaidsTM). This term may be interchanged with supplies throughout the research paper.

Injury Report - The form used in recording the occurrence of an injury to a specific athlete, used in conjunction with a medical history file.

Medical History - An athlete's written account of past to present injuries and physical conditions as they pertain to sports.

TASC - An anachronism for The Athlete and Supply Catalog.

Wildcard - The prompt used when searching for information that has the file name or variations of the file name.

CHAPTER II

REVIEW OF SOFTWARE

Due to the nature of this project, this chapter will review specific software packages related to the project area. For the scope of this project, only those packages immediately accessible were chosen. Besides their availability, the programs were chosen on the basis of possible usage in the areas of medical record keeping and purchasing and inventory control. The program titles were factors taken into consideration as well as the initial impression of the program data content. The programs dealt with in depth were those that contained more vital information usable by the athletic trainer. The programs not selected contained fragments of usable information in the two areas.

Medical Record Keeping

The software in this area is very specific in design, making it quite limited in usage. One program from the software packages reviewed met the needs of the athletic trainer. This was "Patient Files." It was created by Professional Medical Software, Inc. It contained fields of diagnosis, treatment as well as vital statistics and an area for physicians' notations (1985).

This one program, however, lacks the ability to cross reference from patient to patient with respect to a specific illness. This program will hold up to 300 patients.

Another program, "Physical Exam," could be usable by the athletic trainer; however, the information available for use is too complex and would leave a great deal of wasted space. This software allows for listing vital statistics and 50 organ systems. It also has an added mode which allows for correspondence to insurance companies (Professional Medical Software, 1985).

One other program, "Medicalis," designed by Articulate Publications, Inc. (API), is an all inclusive software package encompassing accounting and practice management of physicians and office personnel (1985). This program keeps histories, diagnoses, chart notes and other information on hand as well as performing cycle billings and insurance updates. This package has capabilities of modification for dentistry, radiology and anesthesiology. It can be used in conjunction with MicroMed InterCom Utilities, also by API, software for file transfer and to receive information from insurance companies. This, again, is much too specific and complex for the needs of sports medicine at this level.

A number of other packages were reviewed and found to be irrelevant to the needs of this project. The following table describes, briefly, the details of these programs.

TABLE 1

Medical Software Reviewed

<u>NAME</u>	<u>FUNCTIONS/DESIGNER/REQUIREMENTS</u>
Medi-Log	scheduling, patient recall, (1985) accounts receivable. Colewell Systems, Inc. 125K, 10MB hard disk, DOS 2.00
Nutritional Assessment (1985)	diagnose, treat and monitor nutritional deficiencies; 23 physical measurements, laboratory test results. IPC Datadiet. 125K, two disk drives
Medacs (1985)	medical accounting, financial analysis. Advance Computer Systems. 256K, 10MB hard disk
Wellness Check (1985)	appraise health risks, generates a report on prognosis and advice on reducing health risks. Rhode Island Department of Health. 64K, one disk drive
Medical Record (1985)	accounts receivable, practice analysis by diagnosis and treatment. Johnson Associates Software. 192K, 10MB hard disk
Threshold (1985)	office management system, financial and statistical reports monitoring productivity. Physicians Practice Management, Inc. 256K, 20MB hard disk, DOS 2.0

Purchasing and Inventory Control

The area of purchasing and inventory contained a vast number of programs. Most of these were too complicated to meet the athletic trainer's needs. The programs dealt with stock status, financial status, cost projections and credits.

The program "Manufacturing Inventory Control Program" contained components that included parts and part numbers as well as a cost and purchase order file that stores the information of: PO number, vendor code, quantity ordered, quantity received and due date of shipment (UNIK Associates, 1985). It also includes files for out of stock items, excess inventory and overdue items. It has a 2000 inventory item capacity on a floppy disk.

Data*Easy Software designed "Product Invoicing" (Data Consulting Group, 1985). The program has capabilities of listing quantities of items sold, cost, list price, and discount price. It also compiles a stock status report of on hand inventory.

The aforementioned programs were the only ones reviewed at length in this specific area. The programs were designed to be used by manufacturing companies or major businesses. None was designed for operations in which no cash flow or credit exists. Other programs

were scanned and a brief table (Table 2) on this follows.

TABLE 2

Inventory and Purchasing Software Reviewed

<u>NAME</u>	<u>FUNCTION/DESIGNER/REQUIREMENTS</u>
Infotory (1985)	inventory management system, inventory status monitoring. SSR Corporation. 64K, one disk drive
PeachPak4 (1985)	accounting, customer accounts, sales taxes. Peachtree Software. 64K, two disk drives
Solomon III (1985)	set of menu driven programs: ledgers, accounts receivable, accounts payable, payroll, sales order. Computech Group, Inc. 128K, 10MB hard disk, two disk drives

Conclusion

The program forms designed will surpass those in existence in content and structure. As has been stated, few programs were simple enough and yet thorough enough to be usable in the sports medicine field. The content is specific as used by the trainer without added data not useful in athletic training.

It is necessary to be specific in form design in order to maintain an exacting record that will follow the athlete through his/her intercollegiate career. It is also necessary to have a program available to ease the frustrations dealt with by the trainer in the record keeping area. This material will greatly decrease the amount of paper work and reduce the degree of manual correspondence.

CHAPTER III

PROCEDURES

A thorough review was carried out to determine the current market existence of computer programs in the area of medical record keeping and supply inventory. The programs for review were chosen on the basis of compatibility to the Apple IIe Computer system.

The author asked Peter Cathcart to assist in the programming. Mr. Cathcart chose the data base software, "Infostar," a subprogram to the Data*Star package, to carry out the project design (MicroPro International Corporation, 1982).

The forms which were redesigned and used for the project were those currently utilized by the Women's Intercollegiate Athletics Department at San Jose State University. These forms included a medical history form (Appendix A) and injury report form (Appendix B) as well as the current purchase order form (Appendix C). Another form utilized was the computer form once used by Long Beach State University (CSULB) (Appendix D). These forms were a comprehensive enough representative of the typical large university program.

Materials

The project required a number of specific hardware and software items. The hardware required included the Apple IIe CPU, monitor, two disk drives, as well as a CP/M card. A printer should be accessible, but is not necessarily required until the event of producing a hard copy. The software for use included Infostar from the Data*Star package by MicroPro and the CP/M system diskette. Diskettes initialized in the CP/M are required to store form materials.

Design

The project accommodates two separate areas for the program. One area was in the area of medical history and injury titled MEDHX (Appendix A) and INJREC (Appendix B). Other area was in purchasing and inventory, titled ATHINV (Appendix C). Once the areas were chosen, they were condensed, altered and supplemented to meet the form needs of the author.

The original Medical History Form (Appendix A) was abbreviated to accommodate the disk capacity. A pre-computer form was written to determine final bite size. Nonessential items were deleted and additional information was added to provide a comprehensive athlete history.

The injury report form was designed from the combination of the current SJSU record (Appendix B) and the obsolete CSULB record (Appendix D). They were simplified to save computer space and yet keep the exactness necessary for a complete form.

The purchase and inventory section was designed from the form currently being used by the SJSU athletic business office (Appendix C). The existing form did not include the areas for receiving or year end inventory; therefore these were added.

In designing the various forms, consideration was given to which information was the most vital for retrieving. The forms were keyed in a fashion that allowed the programmer the greatest ease of retrieval. By keying the injury report form by sport, a cross-referencing from this key was possible (Appendix C).

The purchase and inventory section was keyed quite differently, however. The nature of this procedure required a grouping of supply items by coordinating letters. When a certain item was desired for viewing, the group letter was all the programmer needed when retrieving this specific information (Appendix C).

The capacities for the various parts were different. The Medical History portion had the capacity

of approximately 350 reports per disk. The purchase and inventory portion holds in the range of 1,000 items per disk. The numbers were not significant to the user, as the disk itself will be changed on a year-to-year basis. They become significant when ensuring the current year data storage capacities.

Methods

The software was designed to print out each form with numbered fields, as it actually appears. It also has separate printouts for a control content mask and with a listing of each field attribute, if there are any.

The number of each field is equivalent to the number of items. This allows the programmer to move through each form without having to search item by item. The entry control mask merely showed what could be entered. The field attribute listing denotes spaces where certain items must be entered. This listing also showed where the fields stood in the form and the number of spaces occupied by each field.

The medical history form was programmed so that only a "yes" response needed to be entered. When this is not done, a "no" response is automatically filed.

This form required a name and a sport for keying purposes. The form programmed into the computer was identical to the form used by the athlete.

The injury report form also required a name and a sport for keying. The form used by the athletic trainer differs from the form entered in the computer. The trainer's form holds all the possible choices used when completing an injury report (Appendix B). The computer form contains only blank fields that are coordinated with the trainer's form.

The completed purchase and inventory form is much shorter than either of the previous forms. Only two lines of approximately 15 fields are utilized in this form's design. This form contains a keying menu that will appear at the top of each form; it is only a help screen (Appendix C) and will not print out when a report is desired.

The medical history form and the injury report form make up the Athlete portion of this project, and the purchase and inventory form complete the Supply section. Together, these two sections will make up TASC.

Functions

This program requires relatively simple operation. Its major function is of storing medical information of

all female athletes at San Jose State University. It also has the capacity to store information on supplies used within the athletic training facility.

One of the specific functions or capabilities is the ability to cross reference sport to sport in relation to injury through a keying system. The keying process has been discussed earlier in this chapter. The major function is for a more specific and exacting way of record keeping.

CHAPTER IV
INSTRUCTIONAL MANUAL
COMPUTERIZATION OF WOMEN'S ATHLETIC TRAININGROOM

The following is an instructional text for the use of MEDHX, INJREC, ATHINV (Appendix A, Appendix B, and Appendix C). The material covers disk usage and procedures. Areas for retrieving records, erasing items, disk memory, disk copying, and formatting are also included. "Help screens" appear at the top of the monitor for each of the sections. These screens give the user a letter or number to use when progressing through each form or in correcting entries.

I. MEDHX

A. Starting the system

1. Insert CP/M diskette into disk drive (DD) one.
2. Turn terminal on: this boots the system on CP/M.
3. Remove CP/M card.
4. Insert Data*Star diskette in DD 1.

B. Beginning MEDHX

1. Place MEDHX diskette in DD 2.

2. At the A> type DATASTAR B:MEDHX type the carriage return key (<CR>).
 3. Type B at prompt for DTA.
 4. Type B at prompt for MDX.
- C. MEDHX on screen: progressing in the program
1. Choose desired mode from list on help screen.
 2. Type appropriate letter.
 3. Set CAP LOCK down.

Note: 'A' is used for entering data, I is used to scan files, 'K' is used to bring up a specific file.

4. Begin typing entry material as seen on the screen.

Note: When typing in phone numbers do not type parentheses or hyphens as these have already been programmed into the field. When typing birthdate use a six figure entry and do not enter hypens. Use >A to return to beginning of the field in case of an error and retype the data. >G may also be used here.

5. Only Y entries need to be typed into the form. An N has been programmed to appear if no Y response is entered.
6. When the form is completed and all information has been entered type >B to end entry.
7. <CR> enters data to the file completed.

8. >E ends this file.

9. E exits current mode.

Note: You may chain to the next form by typing DATASTAR
B:filename. This begins the process again.

II. INJREC

A. Starting the system

1. Insert CP/M card into DD 1.
2. Turn terminal on.
3. Remove CP/M.
4. Insert DATASTAR diskette into DD 1.

B. Chaining into INJREC

1. System is in CP/M.
2. DATASTAR is in DD 1.
3. Remove previous program from DD 2.
4. Insert INJREC into DD 2.

C. Beginning INJREC

1. Type DATASTAR B:INJREC.
2. Type B at prompt for DAT.
3. Type B at prompt for NDX.
4. INJREC file appears on the screen.
5. Select desired mode by typing corresponding letter.
6. Enter data as file appears on the screen.

Note: Refer to the injury record form when entering data in these fields, as they must match.

7. >B ends entry.
8. <CR> stores the information.
9. >E exits the current mode.
10. E exits this form.

Note: You may chain to the next form by typing DATASTAR B:filename. This begins the process again.

III. ATHINV

A. Starting the system

1. Insert CP/M card into DD 1.
2. Turn terminal on.
3. Remove CP/M card.
4. Insert DATASTAR diskette into DD 1.

B. Chaining into ATHINV

1. System is in CP/M.
2. DATASTAR is in DD 1.
3. Remove previous diskette from DD 2.
4. Insert ATHINV diskette into DD 2.

C. Beginning ATHINV

1. Type DATASTAR B:ATHINV
2. Type B at prompt for DAT
3. Type B at prompt for NDX
4. ATHINV file appears on the screen.

5. Type corresponding letter.
6. Check the key at the bottom of the file for the correct data entry.
7. Type >J to move the form to the top of the screen and display all the keying codes.
8. >B ends the entry.
9. <CR> stores the information.
10. >E exits the current mode.
11. E exits this form.

Note: The help screen at the top of the page is for instructions on what to do and how to move the cursor for data entry.

IV. Retrieving Records

A. File by file

1. Type control <E>.
2. Type D.
3. Type control <N> to view file by file.

B. Specific files

1. Type control <E>
2. Type M
3. Type info desired in keyed fields and these will appear.
4. Type control <N> all records appear at one time.

5. Type control ends this command.

V. To erase items on a diskette

A. Type ERA DD 1 or DD; filename .aaa

1. This is the wildcard or

B. Type ERA filename . *

1. Erase all files with filename or

C. Type ERA * .aaa

1. Erase all files with .aaa suffix or

D. Type ERA *.*

1. This will erase the entire disk. USE WITH

EXTREME CAUTION!

Note: No erasing will be done without prior consent.

VI. Determine Disk Memory

A. Type STAT drive name: filename.*

Note: CP/M must be in disk drive 1

VII. Copying and formatting

A. Copy and format a blank disk

1. Insert diskette to be copied in DD 1

2. Insert empty diskette into DD 2

3. Type COPY B:/F/S

Note: This is to be used only when a diskette has not been previously formatted.

B. Formatting a disk

1. Insert CP/M card in DD 1
2. Insert empty diskette into DD 2
3. Type COPY B:/F

C. Copy CP/M system onto a diskette

1. Insert CP/M diskette into DD 1
2. Insert blank diskette into DD 2
3. Type COPY B:/S

D. Copy one file at a time

1. Insert information disk into DD 1
2. Insert blank diskette into DD 2
3. Type PIP <CR>
4. Type *B:=A: filename .aaa or .dta or .nox
or leave blank.

Note: This process is used when additional diskettes are required to continue inputting of information once current disk has reached its capacity.

E. Copying an entire diskette

1. Insert information disk into DD 1
2. Insert blank diskette into DD 2
3. Type B:=A:

Note: Blank diskette must be formatted prior to this process.

VIII. Printing

A. >W will type everything

IX. Printing

When each entry has been completed the programmer has the choices from the help screens to continue, end or print the entry. Typing >W will also print the forms. This process is not limited to printing individual files but will also print the entire number of files entered using the help screens listed.

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Peachtree Software.

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Professional Medical Software, Inc.

Product Invoicing (1985) [Computer Program]. Larkspur,

CA: Data*Easy Software, Data Consulting Group.

Solomon III (1985) [Computer Program]. Frazer, PA:

Computech Group Inc.

Threshold (1985) [Computer Program]. Indianapolis, IN:

Physicians Practice Management, Inc.

Wellness Check (1985) [Computer Program]. Providence,

RI: Rhode Island Department of Health.

APPENDICES

APPENDIX A

SAN JOSE STATE UNIVERSITY
DEPARTMENT OF WOMEN'S INTERCOLLEGIATE ATHLETICS
Medical History Form

Name _____
Last First Middle

Permanent Address _____
number street phone
city county state Zip

School Address _____
number street phone
city county state Zip

Age _____ Birthdate _____
Sex _____ Birthplace _____
Race _____ Marital Status _____
Height _____ Religion _____
Weight _____

Social Security Number _____

Sport _____

Father's full name _____ living _____ deceased _____

Mother's full maiden name _____ living _____ deceased _____

Parent's address _____
street city state Zip

Medical Insurance Policy _____ company's name _____
policy numbers _____

Family Physician _____

Physician's address _____

Instructions: When reply is yes, give date of injury or treatment.
Please indicate as near as possible anatomical site
of injury, left or right.

Circle the appropriate answer:

DISEASES AND ILLNESSES

- Yes No 1. Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?
- Yes No 2. Have you had hepatitis during the past three years?
- Yes No 3. Have you been treated for infections, mononucleosis, virus pneumonia, or any other infectious disease during the past 12 months?
- Yes No 4. Have you ever been treated for diabetes?
- Yes No 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic fever?
- Yes No 6. Have you ever been treated or informed by a medical doctor that you have had scarlet fever?
- Yes No 7. Have you ever been told that you have a heart murmur? heart disease or heart trouble?
- Yes No 8. Have you ever had chickenpox, measles, mumps, smallpox?
- Yes No 9. Have you ever had a kidney disease, bladder problem or painful urination?
- Yes No 10. Are you susceptible to colds, or sore throat?
- Yes No 11. Have you ever had an ulcer?
- Yes No 12. Have you ever had bronchitis?
- Yes No 13. Have you ever had asthma?
- Yes No 14. Have you ever had tonsillitis or a tonsillectomy?
- Yes No 15. Have you ever had tuberculosis?
- Yes No 16. Have you ever had appendicitis or an appendectomy?
- Yes No 17. Have you ever had Arthritis?
- Yes No 18. Have you ever had a Hernia or Rupture?
- Yes No 19. Have you ever had hives?
- Yes No 20. Have you ever had any allergies?
a) hay fever _____ specify _____
b) drugs _____ specify _____
c) foods _____ specify _____
d) poison ivy or oak _____
e) other _____

- Yes No 21. Are you allergic to Bee stings or insect bites?
- Yes No 22. Have you had any illness requiring bed rest of one week or longer during the past year? If so, give date and nature of illness.

HEAD AND NECK INJURIES

- Yes No 23. Have you ever been "knocked out" or experienced a concussion during the past three years. If yes, give dates.
- Yes No 24. If answer to question 23 is yes, have you been "knocked out" more than once? Give dates.
- Yes No 25. If answer to question 23 and 24 is yes, did the attending physician have you stay overnight in a hospital? If yes, give dates and details.
- Yes No 26. Have you ever had a jammed neck, pinched nerve, whiplash, severe headaches, or blackouts? If so, when?
- Yes No 27. Have you ever had a broken blood vessel in the throat area? If so, what happened? how long ago?
- Yes No 28. Have you had any fainting spells? If yes, give dates.

EYES AND DENTAL

- Yes No 29. Do you wear glasses?
- Yes No 30. Do you wear contact lenses?
- Yes No 31. If answer to above is yes, do you wear them during athletic participation?
- Yes No 32. Do you have sight in both eyes?
- Yes No 33. Do you have a spare set of contact lenses?
- Yes No 34. Do you have a spare set of eye glasses?
- Yes No 35. Do you wear any dental appliance? If answer is yes, underscore appropriate appliance. Permanent Bridge, Permanent Crown or Jacket, removable partial, or full plate.
- Yes No 36. Do you have any dead teeth? Please indicate approximate location of dead tooth or teeth.

Yes No 37. Do you have any teeth missing? If yes, how many and where?

Yes No 38. Did you ever wear a mouthpiece?

BONE AND JOINT

Yes No 39. Have you had a fracture during the past 2 years? If answer is yes, indicate site of fracture and date.

Yes No 40. Have you ever been treated for Osgood-Schlatter's disease?

Yes No 41. Have you ever been treated for calcium deposits? If so give location.

Yes No 42. Do you have calcium deposits now?

Yes No 43. Have you ever had a shoulder dislocation, separation, or other injury that incapacitated you for a week or longer?

Yes No 44. Have you ever been advised to have surgery to correct a shoulder condition?

Yes No 45. If answer to question 44 is yes, has surgery been completed? Give date.

Yes No 46. Have you ever experienced an injury to your throwing arm, elbow, or shoulder?

Yes No 47. Have you experienced a severe sprain, dislocation or fracture to either elbow during the past two years. If answer is yes, give date.

Yes No 48. Have you experienced a severe sprain, dislocation or fracture to the fingers? If answer is yes, give date.

Yes No 49. Have you ever had an injury to your back?

Yes No 50. If answer to above question is yes, did you seek the advice or care of a medical doctor?

Yes No 51. Do you experience pain in the back? If answer is yes, indicate frequency with which you experience pain by underscoring answer. Very Seldom, Occasionally, Frequently, Only vigorous exercise.

Yes No 52. Do you think your back is weak?

Yes No 53. Have you experienced a strain during the past two years of either knee with severe swelling accompanying the injury?

Yes No 54. Have you ever been told that you injured the ligaments of either knee joint??

- Yes No 55. Have you ever been told that you injured the cartilage of either knee joint?
- Yes No 56. Have you ever been told that you have a "trick knee?"
- Yes No 57. Have you ever been advised to have surgery to a knee to correct a condition?
- Yes No 58. If answer to above is yes, has surgery been completed? Give date.
- Yes No 59. Have you ever experienced a severe sprain of either ankle during the past two years?
- Yes No 60. Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? If answer is yes, indicate anatomical site and date of surgery.
- Yes No 61. Have you ever had any injury to the neck involving nerves, vertebrae, or vertebral discs?
- Yes No 62. Have you ever had a bone graft or a spinal fusion? If answer is yes, indicate site.
- Yes No 63. Have you ever had synovial fluid removed?

GENERAL

- Yes No 64. Have you ever experienced heat exhaustion and/or heat stroke? If so when?
- Yes No 65. Have you ever experienced hyperventilation?
- Yes No 66. Have you had any operations during the past 2 years? If answer is yes, indicate anatomical site of operation and date.
- Yes No 67. Have you ever been advised by a medical doctor not to participate in sports? For what reason?
- Yes No 68. Are you currently on prescribed medications or drugs? If so indicate name of drug and indicate why it was prescribed.
- Yes No 69. Have you had any organs removed? If so list them.
- Yes No 70. Do you experience any problems with menstruation? If so, please indicate.

- Yes No 71. Are you currently taking, routinely, an oral contraceptive? If so, how long have you been taking them?
(mos. years) _____
- Yes No 72. If the answer to the above question is yes, what is the brand name and manufacturer.
- Yes No 73. Are you using an I.U.D. at the present time as a method of birth control? If so, of what type?
- Yes No 74. Do you have frequent nosebleeds?
- Yes No 75. Are you prone to any conditions in athletics such as blisters, shin splints, etc. If so, please indicate.
- Yes No 76. Have you required any special adhesive taping, wrapping or protective services (braces) for participation in athletic competition? If yes, indicate. Please specify in detail and for what part of the body these items are needed.
- Yes No 77. Have you ever had muscle spasms? If yes, indicate where and date.
- Yes No 78. Are you currently using any supportive device during sport participation (Leroux Hall Brace, Andersen Knee Stabilizer, etc.)?
- All of the above questions have been answered completely and truthfully to the best of my knowledge.

date

signature

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD NUMBERS

S J S U
MEDICAL HISTORY FORM
DEPARTMENT OF WOMEN'S INTERCOLLEGIATE ATHLETICS

SPORT : _____1

NAME : _____2, _____3, _____4
LAST FIRST MI

PERM. ADDRESS : _____5, _____6, _____7 _____8
PHONE : _____9

SCHOOL ADDRESS : _____10, _____11, _____12 _____13
PHONE : _____14

AGE SEX M/F HEIGHT WEIGHT BIRTHDATE MARRIED Y/N

15 16 _____17 _____18 _____19 2

SOC. SEC. NO. _____21

=====

			LIVING	DECEASED
FATHER'S FULL NAME	: _____22	:	23	24
MOTHER'S FULL MAIDEN NAME	: _____25	:	26	27
PARENT'S ADDRESS	: _____28	:		29

MEDICAL INSURANCE POLICY INFORMATION

COMPANY NAME : _____30, _____31

POLICY NUMBERS : _____32, _____33

=====

DISEASES AND ILLNESSES

DOES STUDENT CURRENTLY HAVE OR HAD BEEN TREATED FOR ANY OF THE FOLLOWING:

Y/N	
to	EPIDEBY
to	EPILEPTIC SEIZURES
to	INFECTIONS (PAST YEAR)
to	MONONUCLEOSIS
to	VIRAL PNEUMONIA
to	ANY OTHER INFECTIOUS DISEASES
to	DIABETES
to	RHEUMATIC FEVER
to	SCARLET FEVER
to	HEART MURMUR
to	HEART DISEASE
to	HEART TROUBLE
to	CHICKEN POX
to	MEASLES
to	MUMPS
to	SMALL POX
to	KIDNEY DISEASE
to	BLADDER PROBLEMS
to	PAINFUL URINATION
to	ULCERS
to	BRONCHITIS
to	ASTHMA
to	ARTHRITIS
to	TONSILLITIS
to	TONSILECTOMY
to	TUBERCULOSIS (FAMILY MEMBER)
to	APPENDICITIS
to	APPENDECTOMY
to	HERNIA (MALE ONLY)
to	RUPTURED HERNIA (MALE ONLY)
to	ILLNESS REQUIRING BED REST FOR MORE THAN ONE WEEK IN THE PAST YEAR
to	WHAT _____71

 HEAD, NECK, AND BACK INJURIES

HAS STUDENT EVER :

Y/N

LOST CONSCIOUSNESS
DURING AN ATHLETIC EVENT
MORE THAN ONCE

• DATE _____ 73
• DATE _____ 75
• DATES _____ 77 : _____ 78
 _____ 79 : _____ 80

STAYED OVERNIGHT IN A HOSPITAL
IF YES, GIVE DATES AND DETAILS

•

_____ 82 _____ 83
_____ 84 _____ 85
_____ 86 _____ 87

HAS STUDENT EVER HAD :

Y/N

DATES

PINCHED NERVE
WHIPLASH
SEVERE HEADACHES
BLACKOUTS
FAINTING SPELLS
NECK INJURY INVOLVING :
NERVES
VERTEBRAE
VERTEBRAL DISKS
SYNOVIAL FLUID REMOVED
BACK INJURY
BACK PAIN

• _____ 89 : _____ 90
• _____ 91 : _____ 92
• _____ 93 : _____ 94
• _____ 95 : _____ 96
• _____ 97 : _____ 98
• _____ 99 : _____ 100

IF YES :

• CHRONIC/ACUTE

VERY SELDOM OCCASIONALLY FREQUENTLY VIGOROUS EXERCISE

_____ _____ _____ _____

 EYES AND DENTAL

DOES STUDENT :

Y/N

WEAR GLASSES
WEAR CONTACT LENSES
WEAR THEM IN ATHLETIC PARTICIPATION
HAVE SIGHT IN BOTH EYES
HAVE A SPARE SET OF GLASSES
HAVE A SPARE SET OF CONTACTS
HAVE ANY DEAD TEETH
HAVE ANY MISSING TEETH
WEAR DENTAL APPLIANCES SUCH AS :
ORTHODONTICS
MOUTHPIECE
PERMANENT BRIDGE
PERMANENT CROWN OR JACKET
REMOVEABLE PARTIAL
FULL PLATE

•
• HARD/SOFT •
•
•
•
•
•
• WHERE _____ 121
• HOW MANY 13

•

•

•

•

•

•

•

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

ENTRY CONTROL MASK

S J S U
MEDICAL HISTORY FORM
DEPARTMENT OF WOMEN'S INTERCOLLEGIATE ATHLETICS

SPORT : _____

NAME : _____
 LAST FIRST MIPERM. ADDRESS : _____
PHONE : _____SCHOOL ADDRESS : _____
PHONE : _____

AGE SEX M/F HEIGHT WEIGHT BIRTHDATE MARRIED Y/N

-- -- -- -- --

SOC. SEC. NO. _____

		LIVING	DECEASED
FATHER'S FULL NAME	_____	-	--
MOTHER'S FULL MAIDEN NAME	_____	-	--
PARENT'S ADDRESS	_____		

MEDICAL INSURANCE POLICY INFORMATION

COMPANY NAME : _____
POLICY NUMBERS : _____

DISEASES AND ILLNESSES

DOES STUDENT CURRENTLY HAVE OR HAD BEEN TREATED FOR ANY OF THE FOLLOWING:
Y/N

EPILEPSY	-	
EPILEPTIC SEIZURES	-	
INFECTIONS (PAST YEAR)	-	
MONONUCLEOSIS	-	
VIRAL PNEUMONIA	-	
ANY OTHER INFECTIOUS DISEASES	-	
DIABETES	-	DATE ____/____/____
RHEUMATIC FEVER	-	
SCARLET FEVER	-	
HEART MURMUR	-	
HEART DISEASE	-	
HEART TROUBLE	-	
CHICKEN POX	-	
MEASLES	-	
RUBELLA	-	
SMALL POX	-	
KIDNEY DISEASE	-	
BLADDER PROBLEMS	-	
PAINFUL URINATION	-	
ULCERS	-	DATE ____/____/____
BRONCHITIS	-	CHRONIC/ACUTE
ASTHMA	-	
ARTHRITIS	-	
TONSILLITIS	-	DATE ____/____/____
TONSILECTOMY	-	DATE ____/____/____
TUBERCULOSIS (FAMILY MEMBER)	-	WHO
APPENDICITIS	-	DATE ____/____/____
APPENDECTOMY	-	DATE ____/____/____
HEMNIA (MALE ONLY)	-	
RUPTURED HERNIA (MALE ONLY)	-	
ILLNESS REQUIRING BED REST FOR MORE THAN ONE WEEK IN THE PAST YEAR	-	WHAT ____/____/____

 DISLOCATIONS, FRACTURES, ETC.

DOES STUDENT HAVE OR HAD
 ANY OF THE FOLLOWING

Y/N

FRACTURE IN THE PAST 2 YEARS

- DATE ____/____/____
 - SITE _____

OSGOOD-SCHLATTER'S DISEASE

- LOCATION _____
 - LOCATION _____

CALCIUM DEPOSITS

CURRENT CALCIUM DEPOSITS

SHOULDER DISLOCATION

SHOULDER SEPERATION

OTHER SHOULDER INJURY

- WHAT ____/____/____

ADVISED TO HAVE SHOULDER SURGERY

- DATE ____/____/____

SHOULDER SURGERY

INJURY TO THROWING :

ARM

SHOULDER

ELBOW

EXPERIENCED SEVERE ELBOW :

- DATES
 - ____/____/____
 - ____/____/____

SPRAIN

DISLOCATION

FRACTURE

EXPERIENCED SEVERE FINGER :

- DATES
 - ____/____/____

SPRAIN

DISLOCATION

FRACTURE

SPRAINED KNEE LIGAMENTS IN THE PAST 2 YEARS - ____/____/____

TOLD OF INJURED KNEE LIGAMENTS

TOLD OF INJURED KNEE CARTILAGE

CLICKING OR LOCKING IN EITHER KNEE

ADVISED TO HAVE KNEE SURGERY

HAD KNEE SURGERY

EXPERIENCED ANKLE SPRAIN IN THE PAST 2 YEARS

HAVE A PIN, SCREW, OR PLATE IN BODY

WHERE _____

 GENERAL

HAS STUDENT:

Y/N

EXPERIENCED HEAT EXHAUSTION

- ____/____/____

EXPERIENCED HEAT STROKE

- ____/____/____

HAD HX OF TACHYCARDIA

- ____/____/____

HAD OPERATION IN PAST 2 YEARS

- WHERE _____

BEEN ADVISED BY MD NOT TO PARTAKE
 IN SPORTS

- _____

CURRENTLY ON PRESCRIBED DRUGS

- NAME _____

- WHY _____

HAD ORGANS REMOVED

- LIST _____

PROBLEMS WITH MENSTRUATION

- INDICATE _____

TAKING ORAL CONTRACEPTIVES

- HOW LONG _____

- WHAT BRAND _____

- TYPE _____

USING AN IUD

FREQUENT NOSE BLEEDS

- TYPE _____

NEED SPECIAL BRACES FOR ATHLETIC ACTION

- TYPE _____

USING SUPPORTIVE DEVICES FOR PARTIC.

- DATE _____

DATE OF LAST TETANUS SHOT

- DATE ____/____/____

DATE OF LAST MEASLES VACCINATION

- DATE ____/____/____

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

CONTENT CONTROL MASK

@ J S U
MEDICAL HISTORY FORM
DEPARTMENT OF WOMEN'S INTERCOLLEGIATE ATHLETICS

SPORT : _____

NAME : _____
LAST FIRST MIPERM. ADDRESS : _____
PHONE : (____) _____SCHOOL ADDRESS : _____
PHONE : (____) _____

AGE SEX M/F HEIGHT WEIGHT BIRTHDATE MARRIED Y/N

-- -- -- -- -- -- -- -- --

SOC. SEC. NO. _____

			LIVING	DECEASED
FATHER'S FULL NAME	:	_____	-	--
MOTHER'S FULL MAIDEN NAME	:	_____	-	--
PARENT'S ADDRESS	:	_____		

MEDICAL INSURANCE POLICY INFORMATION

COMPANY NAME : _____
POLICY NUMBERS : _____

DISEASES AND ILLNESSES

DOES STUDENT CURRENTLY HAVE OR HAD BEEN TREATED FOR ANY OF THE FOLLOWING:
Y/N

EPILEPSY	-	
EPILEPTIC SEIZURES	-	
INFECTIONS (PAST YEAR)	-	
HONONUCLEOSIS	-	
VIRAL PNEUMONIA	-	
ANY OTHER INFECTIOUS DISEASES	-	
DIABETES	-	DATE ____
RHEUMATIC FEVER	-	
SCARLET FEVER	-	
HEART MURMUR	-	
HEART DISEASE	-	
HEART TROUBLE	-	
CHICKEN POX	-	
MEASLES	-	
MUMPS	-	
SMALL POX	-	
KIDNEY DISEASE	-	
BLADDER PROBLEMS	-	
PAINFUL URINATION	-	
ULCERS	-	DATE ____
BRONCHITIS	-	CHRONIC/ACUTE
ASTHMA	-	
ARTHRITIS	-	
TONSILLITIS	-	DATE ____
TONSILECTOMY	-	DATE ____
TUBERCULOSIS (FAMILY MEMBER)	-	WHO ____
APPENDICITIS	-	DATE ____
APPENDECTOMY	-	DATE ____
HEMIA (MALE ONLY)	-	
RUPTURED HERNIA (MALE ONLY)	-	
ILLNESS REQUIRING BED REST FOR MORE THAN ONE WEEK IN THE PAST YEAR	-	WHAT ____

 DISLOCATIONS, FRACTURES, ETC.

 DOES STUDENT HAVE OR HAD
 ANY OF THE FOLLOWING

Y/N

FRACTURE IN THE PAST 2 YEARS

- DATE ____-____-____
- SITE ____-____-____

OSGOOD-SCHLATTER'S DISEASE

- LOCATION A ____-____-____

CALCIUM DEPOSITS

- LOCATION B ____-____-____

CURRENT CALCIUM DEPOSITS

SHOULDER DISLOCATION

SHOULDER SEPARATION

OTHER SHOULDER INJURY

- WHAT ____-____-____

ADVISED TO HAVE SHOULDER SURGERY

- DATE ____-____-____

SHOULDER SURGERY

INJURY TO THROWING :

ARM

SHOULDER

ELBOW

EXPERIENCED SEVERE ELBOW :

- DATES
- ____-____-____ | ____-____-____

SPRAIN

DISLOCATION

FRACTURE

EXPERIENCED SEVERE FINGER :

- DATES
- ____-____-____ | ____-____-____

SPRAIN

DISLOCATION

FRACTURE

SPRAINED KNEE LIGAMENTS IN THE PAST 2 YEARS

- ____-____-____

TOLD OF INJURED KNEE LIGAMENTS

TOLD OF INJURED KNEE CARTILAGE

CLICKING OR LOCKING IN EITHER KNEE

ADVISED TO HAVE KNEE SURGERY

HAD KNEE SURGERY

EXPERIENCED ANKLE SPRAIN IN THE PAST 2 YEARS

HAVE A PIN, SCREW, OR PLATE IN BODY

- WHERE ____-____-____

 GENERAL

HAS STUDENT:

Y/N

EXPERIENCED HEAT EXHAUSTION

- ____-____-____

EXPERIENCED HEAT STROKE

- ____-____-____

HAD HX OF TACHYCARDIA

HAD OPERATION IN PAST 2 YEARS

- WHERE ____-____-____

BEEN ADVISED BY MD NOT TO PARTAKE
IN SPORTS

CURRENTLY ON PRESCRIBED DRUGS

- NAME ____-____-____

- WHY ____-____-____

HAD ORGANS REMOVED

- LIST ____-____-____

PROBLEMS WITH MENSTRUATION

- INDICATE ____-____-____

TAKING ORAL CONTRACEPTIVES

- HOW LONG ____-____-____

- WHAT BRAND ____-____-____

USING AN IUD

- TYPE ____-____-____

FREQUENT NOSE BLEEDS

NEED SPECIAL BRACES FOR ATHLETIC ACTION

- TYPE ____-____-____

USING SUPPORTIVE DEVICES FOR PARTIC.

- TYPE ____-____-____

DATE OF LAST TETANUS SHOT

- DATE ____-____-____

DATE OF LAST MEASLES VACCINATION

- DATE ____-____-____

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

FIELD NUM/NAME	LEN	LIN	COL	KEY	E=required C=check dgt J=right just W=write ed c O=oper entry R=range chk E=edit mask	PAD/ FLOAT	INDEX	ITEM	ORDER	FILE VERIFY ORDER FILE NAME
001/SPORT	015	004	008	001	. 0	.	.	.	.	.
002/LAST NAME	022	006	008	002	. 0	.	.	.	.	.
003/FIRST NAME	015	006	031		. 0	.	.	.	.	.
004/MI	002	006	047		.	.	.	.	.	.
005/PERM ADDRESS	019	009	019		.	.	.	.	.	.
006/PERM CITY	018	009	039		.	.	.	.	.	.
007/PERM STATE	002	009	058		.	.	.	.	.	.
008/PERM ZIP	005	009	061		.	.	.	.	.	.
009/PERM PHONE	013	010	019		J E .	.	.	.	.	.
010/SCHOOL ADDRESS	019	012	019		.	.	.	.	.	.
011/SCHOOL CITY	018	012	039		.	.	.	.	.	.
012/SCHOOL STATE	002	012	058		.	.	.	.	.	.
013/SCHOOL ZIP	005	012	061		.	.	.	.	.	.
014/SCHOOL PHONE	013	013	019		J E .	.	.	.	.	.
015/AGE	002	017	000		.	.	.	.	.	.
016/SEX	002	017	005		.	.	.	.	.	.
017/HEIGHT	004	017	014		.	.	.	.	.	.
018/WEIGHT	003	017	022		.	.	.	.	.	.
019/BIRTHDATE	008	017	030		J E .	.	.	.	.	.
020/MARRIED	001	017	044		.	.	.	.	.	.
021/SSN	011	019	014		J E .	.	.	.	.	.
022/FATHER	022	023	029		.	.	.	.	.	.
023/LIVING	001	023	058		.	.	.	.	.	.
024/DECEASED	002	023	068		.	.	.	.	.	.

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				D=required				* * D E R I V E D *			
				C=check dgt				LIST		CALC *****VERIFICATION*****	
				J=right just							
				W=write ed c							
				O=oper entry							
				R=range chk		PAD/		INDEX ITEM		FILE VERIFY	
FIELD NUM/NAME	LEN	LIN	COL	KEY	E=edit mask	FLOAT	FIELD	NUM	ORDER	ORDER	FILE NAME
049/											
001 051 040						PN					
050/											
001 052 040						PN					
051/											
001 053 040						PN					
052/											
001 054 040						PN					
053/											
001 055 040						PN					
054/											
008 055 050					J E						
055/											
001 056 040						PN					
056/											
001 057 040						PN					
057/											
001 058 040						PN					
058/											
001 059 040						PN					
059/											
008 059 050					J E						
060/											
001 060 040						PN					
061/											
008 060 050					J E						
062/											
001 061 040						PN					
063/											
013 061 049											
064/											
001 062 040						PN					
065/											
008 062 050					J E						
066/											
001 063 040						PN					
067/											
008 063 050					J E						
068/											
001 064 040						PN					
069/											
001 065 040						PN					
070/											
001 067 040						PN					
071/WHAT											
013 067 049					J E						
072/											
001 073 040						PN					

MEDIX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				Q=required						* * D E R I V E D *			
				C=check dgt						LIST		CALC *****VERIFICATION*****	
				J=right just									
				W=write ed c									
				O=oper entry									
				R=range chk		PAD/		INDEX ITEM				FILE VERIFY	
FIELD NUM/NAME	LEN	LIN	COL	KEY	E=edit mask	FLOAT	FIELD	NUM	ORDER	ORDER	FILE NAME		
073/	008	073	046	.	J E .	.	.						
074/	001	074	040	.	.	PN	.						
075/	008	074	046	.	J E .	.	.						
076/	001	075	040	.	.	PN	.						
077/	007	075	048	.	J E .	.	.						
078/	009	075	057	.	J E .	.	.						
079/	007	076	048	.	J E .	.	.						
080/	009	076	057	.	J E .	.	.						
081/	001	077	040	.	.	PN	.						
082/	008	080	000	.	J E .	.	.						
083/	025	080	011	.	E .	.	.						
084/	008	081	000	.	J E .	.	.						
085/	025	081	011	.	E .	.	.						
086/	008	082	000	.	.	.	.						
087/	025	082	011	.	W E .	.	.						
088/	001	086	040	.	.	PN	.						
089/	008	086	044	.	J E .	.	.						
090/	009	086	053	.	J E .	.	.						
091/	001	087	040	.	.	PN	.						
092/	008	087	044	.	J E .	.	.						
093/	009	087	053	.	J E .	.	.						
094/	001	088	040	.	.	PN	.						
095/	008	088	044	.	J E .	.	.						
096/	009	088	053	.	J E .	.	.						

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				Q=required C=check dgt J=right just W=write ed c O=oper entry R=range chk E=edit mask		* * D E R I V E D * LIST CALC *****VERIFICATION*****			
FIELD NUM/NAME	LEN	LIN	COL	KEY	PAD/	INDEX ITEM	FILE VERIFY	ORDER	FILE NAME
097/	001	089	040	.	PN	.	.	.	.
098/	008	089	044	.	.	.	.	.	.
099/	009	089	053	.	.	.	.	.	.
100/	001	090	040	.	PN	.	.	.	.
101/	008	090	044	.	J E	.	.	.	.
102/	009	090	053	.	J E	.	.	.	.
103/	001	092	040	.	PN	.	.	.	.
104/	001	093	040	.	PN	.	.	.	.
105/	001	094	040	.	PN	.	.	.	.
106/	001	095	040	.	PN	.	.	.	.
107/	001	096	040	.	PN	.	.	.	.
108/	001	097	040	.	PN	.	.	.	.
109/	001	100	005	.	PN	.	.	.	.
110/	001	100	019	.	PN	.	.	.	.
111/	001	100	033	.	PN	.	.	.	.
112/	001	100	050	.	PN	.	.	.	.
113/	001	106	040	.	PN	.	.	.	.
114/	001	107	040	.	PN	.	.	.	.
115/	001	107	053	.	PN	.	.	.	.
116/	001	108	040	.	PN	.	.	.	.
117/	001	109	040	.	PN	.	.	.	.
118/	001	110	040	.	PN	.	.	.	.
119/	001	111	040	.	PN	.	.	.	.
120/	001	112	040	.	PN	.	.	.	.

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

FIELD NUM/NAME				LEN	LIN	COL	KEY	E	edit	mask	FLOAT	INDEX	ITEM	ORDER	FILE	VERIFY
												FIELD	NUM	ORDER	ORDER	FILE NAME
121/																
	011	112	049	.				E	.							
122/																
	001	113	040	.						PN	.					
123/																
	002	113	05E	.				W	E	.						
124/																
	001	115	040	.						PN	.					
125/																
	001	116	040	.						PN	.					
126/																
	001	117	040	.						PN	.					
127/																
	001	118	040	.						PN	.					
128/																
	001	119	040	.						PN	.					
129/																
	001	120	040	.						PN	.					
130/																
	001	127	040	.						PN	.					
131/																
	009	127	048	.				J	E	.						
132/																
	015	128	048	.				W	E	.						
133/																
	001	129	040	.						PN	.					
134/																
	001	130	040	.						PN	.					
135/																
	010	130	053	.				W	E	.						
136/																
	001	131	040	.						PN	.					
137/																
	010	131	053	.				W	E	.						
138/																
	001	132	040	.						PN	.					
139/																
	001	133	040	.						PN	.					
140/																
	001	134	040	.						PN	.					
141/																
	011	134	049	.				J	E	.						
142/																
	001	135	040	.						PN	.					
143/																
	001	136	040	.						PN	.					
144/																
	008	136	049	.				J	E	.						

MEDIX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

FIELD NUM/NAME	LEN	LIN	COL	KEY	Required	Check dgt	Right just	Write ed c	Oper entry	Rrange chk	PAD/	INDEX ITEM	FILE VERIF
145/	001	138	040	.	.	PN	.	.	.	.	.	.	.
146/	001	139	040	.	.	PN	.	.	.	.	.	.	.
147/	001	140	040	.	.	PN	.	.	.	.	.	.	.
148/	001	142	040	.	.	PN	.	.	.	.	.	.	.
149/	006	142	044	.	J	E	.	.	.	.	.	.	.
150/	009	142	053	.	J	E	.	.	.	.	.	.	.
151/	001	143	040	.	.	PN	.	.	.	.	.	.	.
152/	006	143	044	.	J	E	.	.	.	.	.	.	.
153/	009	143	053	.	J	E	.	.	.	.	.	.	.
154/	001	144	040	.	.	PN	.	.	.	.	.	.	.
155/	006	144	044	.	J	E	.	.	.	.	.	.	.
156/	009	144	053	.	J	E	.	.	.	.	.	.	.
157/	001	146	040	.	.	PN	.	.	.	.	.	.	.
158/	006	146	044	.	J	E	.	.	.	.	.	.	.
159/	001	147	040	.	.	PN	.	.	.	.	.	.	.
160/	001	148	040	.	.	PN	.	.	.	.	.	.	.
161/	001	149	044	.	.	PN	.	.	.	.	.	.	.
162/	006	149	047	.	J	E	.	.	.	.	.	.	.
163/	001	150	040	.	.	PN	.	.	.	.	.	.	.
164/	001	151	040	.	.	PN	.	.	.	.	.	.	.
165/	001	152	040	.	.	PN	.	.	.	.	.	.	.
166/	001	153	040	.	.	PN	.	.	.	.	.	.	.
167/	001	155	040	.	.	PN	.	.	.	.	.	.	.
168/	001	156	040	.	.	PN	.	.	.	.	.	.	.

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				Required					• • D E R I V E D •			
				Check dgt					LIST CALC *****VERIFICATION*****			
				Just								
				Write ed c								
				Oper entry								
				Rerange chk	PAD/	INDEX	ITEM					
FIELD NUM/NAME	LEN	LIN	COL	KEY	Edit	mask	FLOAT	FIELD	NUM	ORDER	ORDER	FILE NAME
169/	014	156	050	.	E	.	.	.	.	.	.	.
170/	001	161	040	.	.	PN	.	.	.	.	.	.
171/	008	161	043	.	J	E	.	.	.	.	.	.
172/	001	162	040	.	.	PN	.	.	.	.	.	.
173/	008	162	043	.	J	E	.	.	.	.	.	.
174/	001	163	040	.	.	PN	.	.	.	.	.	.
175/	001	164	040	.	.	PN	.	.	.	.	.	.
176/	027	164	048	.	E	.	.	.	.	.	.	.
177/	032	165	043	.	E	.	.	.	.	.	.	.
178/	001	167	040	.	.	PN	.	.	.	.	.	.
179/	001	168	040	.	.	PN	.	.	.	.	.	.
180/	028	168	047	.	E	.	.	.	.	.	.	.
181/	029	169	046	.	E	.	.	.	.	.	.	.
182/	029	170	046	.	E	.	.	.	.	.	.	.
183/	001	171	040	.	.	PN	.	.	.	.	.	.
184/	028	171	047	.	E	.	.	.	.	.	.	.
185/	001	172	040	.	.	PN	.	.	.	.	.	.
186/	024	172	051	.	E	.	.	.	.	.	.	.
187/	001	173	040	.	.	PN	.	.	.	.	.	.
188/	024	173	051	.	E	.	.	.	.	.	.	.
189/	022	174	053	.	E	.	.	.	.	.	.	.
190/	001	175	040	.	.	PN	.	.	.	.	.	.
191/	028	175	047	.	E	.	.	.	.	.	.	.
192/	001	176	040	.	.	PN	.	.	.	.	.	.

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

FIELD NUM/NAME		LEN	LIN	COL	KEY	Attributes	FORMAT	INDEX	ITEM	ORDER	FILE NAME	
		D=required C=check dgt J=right just W=write ed c D=oper entry R=range chk E=edit mask PAD/ FLOAT * * D E R I V E D * LIST CALC *****VERIFICATION*****										
193/	001 177 040	.					PN	.				
194/	028 177 047	.				E .		.				
195/	001 178 040	.					PN	.				
196/	028 178 047	.				E .		.				
197/	008 179 048	.				J E .		.				
198/	008 180 048	.				J E .		.				

APPENDIX B

WOMEN'S INTERCOLLEGIATE ATHLETICS

INJURY REPORT FORM

Date Form Completed: _____

Name: _____ Date of Injury: _____

Sport: _____ Class: ☐ Freshman ☐ Sophomore

Injury Occured During:

☐ GAME ☐ Practice ☐ New Injury ☐ Re-injury

X-Rays: ☐ yes ☐ no Date: _____

Insurance Case # _____

Nature of Injury-Diagnosis: _____

Mechanism of Injury: _____

Doctor: _____ Date Examined: _____

Doctor's Remarks: _____

Time-loss Injury: ☐ yes ☐ no Date of Return to Play: _____

[illegible]

DATE _____

WOMEN'S ATHLETIC INJURY FORM

LAST NAME _____ FIRST NAME _____
 SPORT _____ AGE _____ TIME _____ LOCATION _____

SITE OF INJURY

RIGHT
 LEFT
 PROXIMAL
 DISTAL
 ANTERIOR
 POSTERIOR
 MEDIAL
 LATERAL
 OTHER _____

STRUCTURE

SKIN
 MUSCLE
 FASCIA
 BONE
 NERVOUS SYSTEM
 FAT PAD
 TENDON
 LIGAMENT
 CARTILAGE
 CAPSULE
 COMPARTMENT
 DENTAL
 BURSA
 OTHER _____

BODY PART

HEAD	SHOULDER	ABDOMEN
FACE	ROTATOR CUFF	HIP
EYE	AC JOINT	THIGH
NOSE	GLENOHUMERAL	KNEE
EAR	STERNOCLAVICULAR	PATELLA
MOUTH	UPPER ARM	LOWER LEG
NECK	ELBOW	ANKLE
THORAX	FOREARM	ACHILLES TENDON
RIBS	WRIST	FOOT
STERNUM	HAND	TOES
UPPER BACK	THUMB	OTHER _____
LOW BACK	FINGER	

NATURE OF INJURY

CONTUSION	TENDONITIS	AVULSION
STRAIN	BURSITIS	ABRASION
SPRAIN	MYOSITIS	DISLOCATION
FRACTURE	LACERATION	INFLAMMATION
RUPTURE	CONCUSSION	OTHER _____

DEGREE- I, II, III

CIRCLE: PHYSICAL EXAM X-RAY SPLINT WRAP CAST ASPIRATION

CIRCLE: HEALTH CENTER TRAINER HOSPITAL MD OTHER _____

PREVIOUS INJURY: _____

RX/ McGraw-Hill

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD NUMBERS

S J S U
ATHLETIC INJURY RECORD

NAME : _____ 1. LAST _____ FIRST _____ 2 SPORT : _____ 3 DATE : 4-5-6

AGE : 7 TIME : 8:2 LOCATION : _____ 10

SITE OF INJURY : _____ 11

BODY PART : _____ 12

STRUCTURE : _____ 13

SITE OF EVALUATION : _____ 14

PHYSICAL EXAM X-RAY SPLINT WRAP CAST ASPIRATION OTHER

0 0 0 0 0 0 _____ 21

DISPOSITION (SBS, TRAINER, HOSPITAL, M.D., OR OTHER) : _____ 22

DEGREE (1ST, 2ND, 3RD) : 23

NATURE OF INJURY : _____ 24

PREVIOUS INJURY : _____ 25
_____ 26

TREATMENT : _____ 27
_____ 28
_____ 29
_____ 30
_____ 31
_____ 32

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

ENTRY CONTROL MASK

S J S U
ATHLETIC INJURY RECORD

NAME : _____ SPORT : _____ DATE : ____-____-____
 LAST FIRST

AGE : ____ TIME : ____ LOCATION : _____

SITE OF INJURY : _____

BODY PART : _____

STRUCTURE : _____

SITE OF EVALUATION : _____

PHYSICAL EXAM X-RAY SPLINT WRAP CAST ASPIRATION OTHER

DISPOSITION (SMB, TRAINER, HOSPITAL, M.D., OR OTHER) : _____

DEGREE (1ST, 2ND, 3RD) : ____

NATURE OF INJURY : _____

PREVIOUS INJURY : _____

TREATMENT : _____

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

CONTENT CONTROL MASK

S J S U
ATHLETIC INJURY RECORD

NAME : _____
 LAST FIRST SPORT : _____ DATE : __-__-__

AGE : __ TIME : __:__ LOCATION : _____

SITE OF INJURY : _____

BODY PART : _____

STRUCTURE : _____

SITE OF EVALUATION : _____

PHYSICAL EXAM X-RAY SPLINT WRAP CAST ASPIRATION OTHER

- - - - -

DISPOSITION (SBS, TRAINER, HOSPITAL, M.D., OR OTHER) : _____

DEGREE (1ST, 2ND, 3RD) : _____

NATURE OF INJURY : _____

PREVIOUS INJURY : _____

TREATMENT : _____

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				O=required					* * D E R I V E D *							
				C=check dgt					LIST				CALC *****VERIFICATION*****			
				J=right just												
				W=write ed c												
				O=oper entry												
				R=range chk	PAD/	INDEX ITEM				FILE VERIFY						
FIELD NUM/NAME	LEN	LIN	COL	KEY	E=edit	mask	FLOAT	FIELD	NUM	ORDER	ORDER	FILE	NAME			
001/LASTNAME																
016 004 007 002					.	D	E	.								
002/FIRSTNAME																
015 004 025					.		E	.								
003/SPORT																
012 004 049 001					.	D	E	.								
004/MONTH																
002 004 069					.		E	.								
005/DAY																
002 004 072					.		E	.								
006/YEAR																
002 004 075					.		E	.								
007/AGE																
002 007 007					.		E	.								
008/HOUR																
002 007 021					.		E	.								
009/MINUTE																
002 007 024					.		E	.								
010/LOCATION																
021 007 042					.		E	.								
011/SITE OF INJURY																
021 009 021					.		E	.								
012/BODY PART																
021 011 021					.		E	.								
013/STRUCTURE																
021 013 021					.		E	.								
014/SITE OF EVAL																
021 015 021					.		E	.								
015/PHYS EXAM																
001 019 006					.		E	.								
016/XRAY																
001 019 018					.		E	.								
017/SPLINT																
001 019 026					.		E	.								
018/WRAP																
001 019 034					.		E	.								
019/CAST																
001 019 041					.		E	.								
020/ASPIRATION																
001 019 051					.		E	.								
021/OTHER																
019 019 060					.		E	.								
022/DISPOSITION																
015 021 054					.		E	.								
023/DEGREE																
003 023 025					.		E	.								
024/NATURE OF INJURY																
015 025 025					.		E	.								

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				O=required C=check dgt J=right just W=write ed c O=oper entry R=range chk PAD/ E=edit mask FLOAT				* * D E R I V E D * . LIST CALC *****VERIFICATION***** . . INDEX ITEM . FIELD NUM ORDER .				FILE VERIFY ORDER FILE NAME	
FIELD NUM/NAME	LEN	LIN	COL KEY										
025/PREV1													
054 027 025				.	E .	.	.	.	.	.	.	.	
026/													
054 028 025				.	.	.	.	.	.	.	.	.	
027/TREATMENT1													
054 030 025				.	E .	.	.	.	.	.	.	.	
028/TREATMENT2													
054 031 025				.	E .	.	.	.	.	.	.	.	
029/TREATMENT3													
054 032 025				.	E .	.	.	.	.	.	.	.	
030/TREATMENT4													
054 033 025				.	E .	.	.	.	.	.	.	.	
031/TREATMENT5													
054 034 025				.	E .	.	.	.	.	.	.	.	
032/TREATMENT6													
054 035 025				.	E .	.	.	.	.	.	.	.	

APPENDIX C

PURCHASE REQUISITION

Reference Vendor's _____

1 _____	Requisition No. _____
_____	Account Code _____
_____	Department _____
2 _____	Today's Date _____ Date Needed _____
_____	Deliver To _____
_____	Requested by _____ Ext. No. _____
3 _____	Authorized Signature _____
_____	NOTE: Installation requirements must be assessed (electrical power and outlets, space, entry clearance, etc.) Have you contacted Plant Operations?
_____	☐ Yes ☐ No ☐ N/A

Line No.	Quantity	Unit of Measure	Description	Price	
				Unit	Extension

FOR PURCHASING USE ONLY

☐ Bid Price Request # _____

☐ Estimate # _____

☐ Contract/SPS _____ Vendor ID _____

☐ Service Agreement # _____

☐ Purchase Order: Mail? ☐ Yes ☐ No

FOB _____

Terms _____

Delivery Date _____

Buyer _____

Handling/Freight _____

Trade-in _____

Sales Tax _____

TOTAL _____

Purchase Order # _____

Vendor ID # _____ Log # _____

Ethnic Code _____ Commodity PAR _____

Revised 1-8-

ATHLETIC INVENTORY KEY

B-BANDAGES

D-DRUGS

E-EQUIPMENT

P-PAPER/PLASTICS

S-SPRAYS

T-TAPE

ATHINX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD NUMBERS

SJSU ATHLETIC PURCHASE INVENTORY							
YEAR	KEY	ITEM	QUANTITY ORDERED	QUANTITY RECEIVED	PRICE PER UNIT	TOTAL PRICE	YEAR END QUANTITY
19__1	2	_____2	__4	__5	____6	____7	__8
ITEM CODE 1 _____2							
VENDOR: _____10							
ADDRESS: _____11							
CITY: _____12, STATE: 13 ZIP: ____14-__15							
KEYS : B = BANDAGES D = DRUGS E = EQUIPMENT P = PAPER/PLASTICS S = SPRAYS T = TAPE							

ATHINV FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

ENTRY CONTROL MASK

SJSU
ATHLETIC
PURCHASE INVENTORY

YEAR	KEY	ITEM	QUANTITY ORDERED	QUANTITY RECEIVED	PRICE PER UNIT	TOTAL PRICE	YEAR END QUANTITY
19__	__	_____	---	---	---	---	---
ITEM CODE : _____							
VENDOR: _____							
ADDRESS: _____							
CITY: _____, STATE: __ ZIP: _____							
KEYS : B = BANDAGES D = DRUGS E = EQUIPMENT P = PAPER/PLASTICS S = SPRAYS T = TAPE							

CONTENT CONTROL MASK

SJSU
ATHLETIC
PURCHASE INVENTORY

YEAR	KEY	ITEM	QUANTITY ORDERED	QUANTITY RECEIVED	PRICE PER UNIT	TOTAL PRICE	YEAR END QUANTITY
1992	B	_____	---	---	---	---	---
ITEM CODE : B _____							
VENDOR: _____							
ADDRESS: _____							
CITY: _____, STATE: __ ZIP: _____							
KEYS : B = BANDAGES D = DRUGS E = EQUIPMENT P = PAPER/PLASTICS S = SPRAYS T = TAPE							

APPENDIX D

LAST NAME _____ (C) SER _____ (F) SPORT _____ (G) DATE OF INJURY _____ (H) TODAY'S DATE _____ (I) INJURY _____
 FIRST NAME _____ (J) AGE _____ (K) LOCATION _____
 (L) INITIAL INJURY 2 REECKER 3 REINJURY (M) 1 PRESEASON 2 PRACTICE 3 GAME 4 OFF SEA (N) 1 Intercollegiate 2 Non-Intercollegiate (did the injury)
 (O) 1 INITIAL INJURY 2 REECKER 3 REINJURY (P) 1 PRESEASON 2 PRACTICE 3 GAME 4 OFF SEA (Q) 1 Intercollegiate 2 Non-Intercollegiate (did the injury)
 MECHANISM How did it happen? _____

Initial Impression:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

(I) SITE OF INJURY 1 Right 2 Left 3 Frontal 4 Distal 5 Anterior 6 Posterior 7 Medial 8 Lateral 9 Other/NA	(J) BODY PART 01 Head 02 Face 03 Eye 04 Nose 05 Ear 06 Mouth 07 Neck 08 Throat 09 Ribs 10 Sternum 11 Upper Back 12 Low Back 13 Shoulder 14 Rotator Cuff 15 Elbow Joint 16 Wrist Joint 17 Sternoclavicular 18 Upper Arm 19 Elbow 20 Forearm 21 Wrist 22 Hand 23 Thumb 24 Finger 25 Hip Joint 26 Knee Joint 27 Ankle 28 Heel 29 High, Anterior 30 High, Posterior 31 High, Medial	(K) STRUCTURE 01 Skin 02 Muscle 03 Bone 04 Ligament 05 Nervous System 06 Fat Pad 07 Tendon 08 Cartilage 09 Capsule 10 Compartment 11 Dental 12 Bursa 13 Other	(L) TREATMENT 1 Contrast Bath 2 Elec. Stim 3 Exercise 4 Hydrotherapy 5 Ice 6 Traction 7 Ultrasound 8 Whirlpool 9 Other	(M) PRESCRIPTION DISP 1. Antibiotic Oral 2. Anti Inflamm. Oral 3. Decongestant 4. Analgesic 5. Muscle relaxant 6. Enzyme 7. Anti Inflamm. Top 8. Antibiotic Topical 9. Other	(N) INJECTION 1. Corticosteroids 2. Antibiotics 3. Contrast Media 4. Anesthetic 5. Anticoagulant 6. Other	(O) INJURY PARTICIPATION 1 No part 2 Part part 3 Full part 4 Full part 5 Full part 6 Full part 7 Full part 8 Full part 9 Other	(P) TIME OUT 1 1-2 day 2 3-5 days 3 1-2 weeks 4 2-3 weeks 5 3-4 weeks 6 Season	(Q) REFERRAL 1 Orthopedic 2 Rheumatology 3 Neurology 4 ENT 5 Ophthalmology 6 Other	(R) DISPOSITION 1 Dismissed 2 Dismissed 3 Dismissed 4 Dismissed 5 Other
--	--	--	---	---	---	---	--	--	--