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

Flanagan, Kathleen Mary, M.A.

San Jose State University, 1989

COMPUTERIZATION OF RECORD KEEPING

IN THE

WOMEN'S ATHLETICS TRAINING ROOM

AT SAN JOSE STATE UNIVERSITY
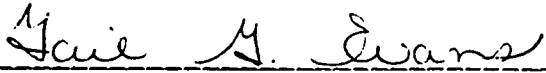
A Project Report

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
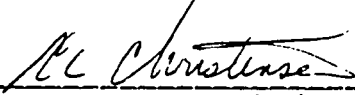
By

Kathleen M. Flanagan

May, 1989

APPROVED FOR THE DEPARTMENT OF HUMAN PERFORMANCE

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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 diffi-
cult 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 pro-
gram designer a great deal in the way of design
variability.

This project was chosen to design a specific soft-
ware 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 con-
tained 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

NAME	FUNCTIONS/DESIGNER/REQUIREMENTS
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 compli-
cated to meet the athletic trainer's needs. The pro-
grams dealt with stock status, financial status, cost
projections and credits.

The program "Manufacturing Inventory Control Pro-
gram" 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, quan-
tity 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 cap-
abilities 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

NAME	FUNCTION/DESIGNER/REQUIREMENTS
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 initilized 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 rela-
tion 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 formating 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 informa-
      tion 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 <B> 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 it 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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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 _____

. . . .   living _____
Father's full name _____   deceased _____

living _____
Mother's full maiden name _____   deceased _____

Parent's address _____
street   city   state   Zip

Medical Insurance Policy _____
company's name

_____
policy numbers

Family Physician _____

Physician's address _____

1

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 _____

2

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.

EYE 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 hyperventalization?

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 contracep-
tive? 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 devise during
sport participation. (Lennox Hill Brace, Andersen Knee
Stabler, 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 ATHETICS

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   :

SOC. SEC. NO. _____21

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

MEDICAL INSURANCE POLICY INFORMATION
COMPANY NAME   : _____29, _____30
POLICY NUMBERS : _____31, _____32

═══
                    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 _____48
RHEUMATIC FEVER   :
SCARLET FEVER   :
HEART MURMUR   :
HEART DISEASE   :
HEART TROUBLE   :
CHICKEN POX   :
MEASLES   :
MUMPS   :
SMALL POX   :
KIDNEY DISEASE   :
BLADDER PROBLEMS   :
PAINFUL URINATION   :
ULCERS   : DATE _____54
BRONCHITIS   : CHRONIC/ACUTE
ASTHMA   :
ARTHRITIS   :
TONSILITIS   : DATE _____59
TONSILECTOMY   : DATE _____61
TUBERCULOSIS (FAMILY MEMBER)   : WHO _____63
APPENDICITIS   : DATE _____65
APPENDECTOMY   : DATE _____67
HERNIA   (MALE ONLY)   :
RUPTURED HERNIA   (MALE ONLY)   :
ILLNESS REQUIRING BED REST FOR MORE
   THAN ONE WEEK IN THE PAST YEAR   : WHAT_____71

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-------------------------------------------------------------------------
                    HEAD, NECK, AND BACK INJURIES

HAS STUDENT EVER :                        Y/N

LOST CONSCIOUSNESS                        : DATE_____73
DURING AN ATHLETIC EVENT                  : DATE_____75
MORE THAN ONCE                            : 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                             :    _____89:_____90
WHIPLASH                                  :    _____92:_____93
SEVERE HEADACHES                          :    _____95:_____96
BLACKOUTS                                 :    _____98:_____99
FAINTING SPELLS                           :    _____101:_____102
NECK INJURY INVOLVING :
NERVES                                    :
VERTEBRAE                                 :
VERTEBRAL DISKS                           :
SYNOVIAL FLUID REMOVED                    :
BACK INJURY                               :
BACK PAIN                                 :    CHRONIC/ACUTE
IF YES :
VERY SELDOM   OCCASIONALLY   FREQUENTLY   VIGOROUS EXERCISE
     :            :             :              :
=========================================================================
                        EYES AND DENTAL

DOES STUDENT :                            Y/N

WEAR GLASSES                              :
WEAR CONTACT LENSES                       :  HARD/SOFT :
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                       :  WHERE _____121
HAVE ANY MISSING TEETH                    :  HOW MANY 63
WEAR DENTAL APPLIANCES SUCH AS :
ORTHODONTICS                              :
MOUTHPIECE                                :
PERMANENT BRIDGE                          :
PERMANENT CROWN OR JACKET                 :
REMOVEABLE PARTIAL                        :
FULL PLATE                                :
-------------------------------------------------------------------------
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DISLOCATIONS, FRACTURES, ETC.

DOES STUDENT HAVE OR HAD
ANY OF THE FOLLOWING   Y/N

FRACTURE IN THE PAST 2 YEARS   •   DATE_____131
                                               SITE_____132

OSGOOD-SCHLATTER'S DISEASE   •
CALCIUM DEPOSITS   •   LOCATION _____135
CURRENT CALCIUM DEPOSITS   •   LOCATION _____137
SHOULDER DISLOCATION   •
SHOULDER SEPERATION   •
OTHER SHOULDER INJURY   •   WHAT _____141
ADVISED TO HAVE SHOULDER SURGERY   •
SHOULDER SURGERY   •   DATE _____144
INJURY TO THROWING :
ARM   •
SHOULDER   •
ELBOW   •
                                               DATES
EXPERIENCED SEVERE ELBOW :
SPRAIN   •   _____149:_____152
DISLOCATION   •   _____152:____153
FRACTURE   •   _____155:_____156
EXPERIENCED SEVERE FINGER :   DATES
SPRAIN   •   _____158
DISLOCATION   •
FRACTURE   •
SPRAINED KNEE LIGAMENTS IN THE PAST 2 YEARS • _____162
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_____169

GENERAL

HAS STUDENT: Y/N
EXPERIENCED HEAT EXHAUSTION   •   _____171
EXPERIENCED HEAT STROKE   •   _____173
HAD HX OF TACHYCARDIA   •
HAD OPERATION IN PAST 2 YEARS   •   WHERE_____176
                                               _____177

BEEN ADVISED BY MD NOT TO PARTAKE
IN SPORTS   •
CURRENTLY ON PRESCRIBED DRUGS   •   NAME_____180
                                               WHY_____181
                                               _____182
HAD ORGANS REMOVED   •   LIST_____184
PROBLEMS WITH MENSTRATION   •   INDICATE_____186
TAKING ORAL CONTRACEPTIVES   •   HOW LONG_____188
                                               WHAT BRAND_____189
USING AN IUD   •   TYPE_____191
FREQUENT NOSE BLEEDS   •
NEED SPECIAL BRACES FOR ATHLETIC ACTION   •   TYPE_____194
USING SUPPORTIVE DEVICES FOR PARTIC.   •   TYPE_____196
DATE OF LAST TETANUS SHOT   DATE _____197
DATE OF LAST MEASLES VACCINATION   DATE _____198

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   MI

PERM. ADDRESS   : _____'_____'__ _____
PHONE   : __'___'_____

SCHOOL ADDRESS   : _____'_____'__ _____
PHONE   : __'___'_____

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

__   __   ____   ___   __'___'__   _

SOC. SEC. NO. ___'___'____

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

MEDICAL INSURANCE POLICY INFORMATION
COMPANY NAME   : _____'_____
POLICY NUMBERS : _____'_____

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                        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   _
MUMPS   _
SMALL POX   _
KIDNEY DISEASE   _
BLADDER PROBLEMS   _
PAINFUL URINATION   _
ULCERS   _ DATE __'__'__
BRONCHITIS   _ CHRONIC/ACUTE
ASTHMA   _
ARTHRITIS   _
TONSILITIS   _ DATE __'__'__
TONSILECTOMY   _ DATE __'__'__
TUBERCULOSIS (FAMILY MEMBER)   _ WHO _____
APPENDICITIS   _ DATE __'__'__
APPENDECTOMY   _ DATE __'__'__
HERNIA   (MALE ONLY)   _
RUPTURED HERNIA   (MALE ONLY)   _
ILLNESS REQUIRING BED REST FOR MORE
  THAN ONE WEEK IN THE PAST YEAR   _ WHAT_____'__'__

HEAD, NECK, AND BACK INJURIES

HAS STUDENT EVER :   Y/N

LOST CONSCIOUSNESS   _ DATE__:__:__
DURING AN ATHLETIC EVENT   _ DATE__:__:__
MORE THAN ONCE   _ DATES _:__:__ :__:__:__

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

__:__:__   _____:__:__
__:__:__   _____:__:__
_____   _____:__:__

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   _   CHRONIC/ACUTE
IF YES :
VERY SELDOM   OCCASIONALLY   FREQUENTLY   VIGOROUS EXERCISE
    _   _   _   _

EYES AND DENTAL

DOES STUDENT :   Y/N

WEAR GLASSES   _
WEAR CONTACT LENSES   _   HARD/SOFT _
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   _   WHERE _____
HAVE ANY MISSING TEETH   _   HOW MANY __
WEAR DENTAL APPLIANCES SUCH AS :
ORTHODONTICS   _
MOUTHPIECE   _
PERMANENT BRIDGE   _
PERMANENT CROWN OR JACKET   _
REMOVEABLE PARTIAL   _
FULL PLATE   _

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   _
CALCIUM DEPOSITS   _   LOCATION _____
CURRENT CALCIUM DEPOSITS   _   LOCATION _____
SHOULDER DISLOCATION   _
SHOULDER SEPERATION   _
OTHER SHOULDER INJURY   _   WHAT _____:___:__
ADVISED TO HAVE SHOULDER SURGERY   _
SHOULDER SURGERY   _   DATE __:___:__
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 MENSTRATION   _   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 __/__/__

MED-X FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

CONTENT CONTROL MASK

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

SPORT : _____

NAME : _____'_____'__
      LAST   FIRST   MI

PERM. ADDRESS : _____'_____'__ _____
PHONE : (___)___-____

SCHOOL ADDRESS : _____'_____'__ _____
PHONE : (___)___-____

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

--   --   ----   ---   ---_--_---   -

SOC. SEC. NO. ___-__-____

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                                             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   -
MUMPS   -
SMALL POX   -
KIDNEY DISEASE   -
BLADDER PROBLEMS   -
PAINFUL URINATION   -
ULCERS   - DATE ___-__-__
BRONCHITIS   - CHRONIC/ACUTE
ASTHMA   -
ARTHRITIS   -
TONSILITIS   - DATE ___-__-__
TONSILECTOMY   - DATE _____
TUBERCULOSIS (FAMILY MEMBER)   - WHO _____
APPENDICITIS   - DATE ___-__-__
APPENDECTOMY   - DATE ___-__-__
HERNIA   (MALE ONLY)   -
RUPTURED HERNIA   (MALE ONLY)   -
ILLNESS REQUIRING BED REST FOR MORE
   THAN ONE WEEK IN THE PAST YEAR   - WHAT_____-__-__
═══

HEAD, NECK, AND BACK INJURIES

HAS STUDENT EVER :   Y/N

LOST CONSCIOUSNESS   _ DATE__-___-__
DURING AN ATHLETIC EVENT   _ DATE__-___-__
MORE THAN ONCE   _ DATES _-___-__ !___-___-__
                              _-___-__ !___-___-__

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

__-___-__   A_____-___-__
__-___-__   A_____-___-__
_____   A_____-___-__

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   _   CHRONIC/ACUTE
IF YES :
VERY SELDOM   OCCASIONALLY   FREQUENTLY   VIGOROUS EXERCISE
     _   _   _   _

===
EYES AND DENTAL

DOES STUDENT :   Y/N

WEAR GLASSES   _
WEAR CONTACT LENSES   _ HARD/SOFT _
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   _ WHERE A_____
HAVE ANY MISSING TEETH   _ HOW MANY 9_
WEAR DENTAL APPLIANCES SUCH AS :
ORTHODONTICS   _
MOUTHPIECE   _
PERMANENT BRIDGE   _
PERMANENT CROWN OR JACKET   _
REMOVEABLE PARTIAL   _
FULL PLATE   _

DISLOCATIONS, FRACTURES, ETC.

DOES STUDENT HAVE OR HAD
ANY OF THE FOLLOWING   Y/N

FRACTURE IN THE PAST 2 YEARS   -   DATE___-___-__
                                          SITES_____

OSGOOD-SCHLATTER'S DISEASE   -
CALCIUM DEPOSITS   -   LOCATION A_____
CURRENT CALCIUM DEPOSITS   -   LOCATION A_____
SHOULDER DISLOCATION   -
SHOULDER SEPERATION   -
OTHER SHOULDER INJURY   -   WHAT _____-___-__
ADVISED TO HAVE SHOULDER SURGERY   -
SHOULDER SURGERY   -   DATE __-___-__
INJURY TO THROWING :
ARM   -
SHOULDER   -
ELBOW   -   DATES
EXPERIENCED SEVERE ELBOW :
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 MENSTRATION   -   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

```
                       O=required
                       C=check dgt
                       J=right just        * * D E R I V E D *
                       W=write ed c        .    LIST    CALC *****VERIFICATION****
                       O=oper entry        .                  .
FIELD NUM/NAME         R=range chk  PAD/ . INDEX ITEM         .            FILE VERIFY
     LEN LIN COL KEY   E=edit mask FLOAT . FIELD  NUM ORDER . ORDER  FILE NAME
                            .         .          .                .
001/SPORT
     015 004 008 001 . O          .          .                .
002/LAST NAME
     022 006 008 002 . O          .          .                .
003/FIRST NAME
     015 006 031    . O          .          .                .
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

```
                       O=required
                       C=check dgt
                       J=right just        * * D E R I V E D *
                       W=write ed c         .    LIST     CALC *****VERIFICATION****
                       O=oper entry         .
FIELD NUM/NAME         R=range chk  PAD/ . INDEX ITEM          .           FILE VERIFY
      LEN LIN COL KEY  E=edit mask FLOAT . FIELD  NUM ORDER .  ORDER   FILE NAME
                           .          .        .                .
025/MOTHER NAME
      022 024 029        .          .        .                .
026/MOTHER LIVING
      001 024 058        .          .        .                .
027/MOTHER DECEASED
      002 024 068        .          .        .                .
028/PARENT ADDRESS
      046 025 029        .          .        .                .
029/COMPANY NAME1
      019 028 018        .          .        .                .
030/COMPANY NAME2
      018 028 035        .          .        .                .
031/POLICY NUMBERS1
      019 029 018        .          .        .                .
032/POLICY NUMBERS2
      018 029 039        .          .        .                .
033/EPILEPSY
      001 036 040        .        . PN      .                .
034/EPILEPTIC SEIZURES
      001 037 040        .        . PN      .                .
035/
      001 038 040        .        . PN      .                .
036/
      001 039 040        .        . PN      .                .
037/
      001 040 040        .        . PN      .                .
038/
      001 041 040        .        . PN      .                .
039/
      001 042 040        .        . PN      .                .
040/
      008 042 048        .   J  E .         .                .
041/
      001 043 040        .        . PN      .                .
042/
      001 044 040        .        . PN      .                .
043/
      001 045 040        .        . PN      .                .
044/
      001 046 040        .        . PN      .                .
045/
      001 047 040        .        . PN      .                .
046/
      001 048 040        .        . PN      .                .
047/
      001 049 040        .        . PN      .                .
048/
      001 050 040        .        . PN      .                .
```

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

```
                       D=required
                       C=check dgt
                       J=right just        ● ● D E R I V E D ●
                       W=write ed c        .    LIST    CALC ●●●●●VERIFICATION●●●●
                       O=oper entry        .                 .
FIELD NUM/NAME         R=range chk  PAD/ . INDEX ITEM        .          FILE VERIFY
       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    .                 .
```

MEDMx FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

```
                        D=required
                        C=check dgt
                        J=right just        • • D E R I V E D •
                        W=write ad c        .     LIST    CALC •••••VERIFICATION••••
                        O=oper entry        .                        .
FIELD NUM/NAME          R=range chk  PAD/ . INDEX ITEM               .        FILE VERIFY
      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/
     001 088 048     .         . PN     .                  .
095/
     008 088 044     .   J   E .        .                  .
096/
     009 088 053     .   J   E .        .                  .
```

MEDHx FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

				R=required C=check dgt J=right just W=write ed c O=oper entry R=range chk		PAD/	.	● ● D E R I V E D ● LIST	CALC	●●●●●VERIFICATION●●●●		
FIELD NUM/NAME							.	INDEX ITEM		.		FILE VERIFY
LEN	LIN	COL	KEY	E=edit mask		FLOAT	.	FIELD NUM	ORDER	.	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

```
                        O=required
                        C=check dgt
                        J=right just        * * D E R I V E D *
                        W=write ed c        .     LIST    CALC *****VERIFICATION****
                        O=oper entry        .                  .
FIELD NUM/NAME          R=range chk  PAD/ . INDEX ITEM         .          FILE VERIFY
        LEN LIN COL KEY E=edit mask  FLOAT . FIELD  NUM ORDER  .  ORDER    FILE NAME
                        .          .        .                  .
121/
    011 112 049        .     E .           .                  .
122/
    001 113 040        .         . PN      .                  .
123/
    002 113 052        .   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 .           .                  .
```

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

```
                        O=required
                        C=check dgt
                        J=right just        . . D E R I V E D .
                        W=write ed c          .    LIST    CALC .....VERIFICATION....
                        O=oper entry        .                     .
FIELD NUM/NAME          R=range chk  PAD/ . INDEX ITEM            .           FILE VERIFY
      LEN LIN COL KEY E=edit mask FLOAT . FIELD  NUM ORDER .      ORDER   FILE NAME
                            .           .              .                   .
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/
      008 149 047      .   J    E .      .                       .
163/
      001 150 040      .          . PN  .                        .
164/
      001 151 040      .          . PN  .                        .
165/
      001 152 040      .          . PN  .                        .
166/
      001 153 040      .          . PN  .                        .
167/
      001 155 046      .          . PN  .                        .
168/
      001 156 040      .          . PN  .                        .
```

MEDHX FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

```
                        O=required
                        C=check dgt
                        J=right just        • • D E R I V E D •
                        W=write ed c      .     LIST    CALC •••••VERIFICATION••••
                        O=oper entry      .                   .
FIELD NUM/NAME          R=range chk  PAD/ . INDEX ITEM        .         FILE VERIFY
        LEN LIN COL KEY E=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

```
                    O=required
                    C=check opt
                    J=right just        • • D E R I V E D •
                    W=write ec c         .     LIST    CALC •••••VERIFICATION••••
                    O=oper entry        .                    .
FIELD NUM/NAME      R=range chk  PAD/ . INDEX ITEM           .           FILE VERIFY
     LEN LIN COL KEY E=edit mask FLOAT . FIELD  NUM ORDER .  ORDER   FILE NAME
                          .          .           .              .
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

                                             ☐ Junior   ☐ Senior

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:_____

DATE	PROGRESS NOTES

DATE_____

WOMEN' 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	CAPSULE
MUSCLE	COMPARTMENT
FASCIA	DENTAL
BONE	BURSA
NERVOUS SYSTEM	OTHER_____
FAT PAD	
TENDON	
LIGAMENT	
CARTILAGE	

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	INFLAMATION
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/_mechanim_____

_____

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD NUMBERS

S J S U
ATHLETIC INJURY RECORD
==

NAME : _____1, _____2 SPORT : _____3 DATE : _4-_5-_6
           LAST   FIRST

AGE : _7   TIME : _8:_9   LOCATION : _____10

SITE OF INJURY   : _____11

BODY PART   : _____12

STRUCTURE   : _____13

SITE OF EVALUATION : _____14

PHYSICAL EXAM   X-RAY   SPLINT   WRAP   CAST   ASPIRATION   OTHER

      :   :   :   :   :   :   _____21

DISPOSITON (SHS, 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


      -           -        -       -      -         -        _____

DISPOSITON (EMS, TRAINER, HOSPITAL, M.D., OR OTHER) : _____

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

NATURE OF INJURY      : _____

PREVIOUS INJURY       : _____
                        _____

TREATMENT             : _____
                        _____
                        _____
                        _____
                        _____
                        _____
```

59

INJREC FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

CONTENT 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

    _   _   _   _   _   _   _____

DISPOSITON (SHS, 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

```
                              D=required
                              C=check dgt
                              J=right just      * * D E R I V E D *
                              W=write ed c      .     LIST    CALC ****VERIFICATION****
                              O=oper entry      .                     .
FIELD NUM/NAME                R=range chk  PAD/ . INDEX ITEM          .          FILE VERIFY
       LEN LIN COL KEY E=edit mask  FLOAT  . FIELD  NUM ORDER .   ORDER   FILE NAME
                              .           .      .                    .

001/LASTNAME
    016 004 007 002 . Q       E .          .                    .
002/FIRSTNAME
    015 004 025     .         E .          .                    .
003/SPORT
    012 004 049 001 . Q       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      * * D E R I V E D *
                    W=write ed c       .     LIST    CALC *****VERIFICATION****
                    O=oper entry       .                   .
FIELD NUM/NAME      R=range chk  PAD/ . INDEX ITEM          .        FILE VERIFY
       LEN LIN COL KEY E=edit mask FLOAT . FIELD  NUM ORDER .   ORDER   FILE NAME
                        .          .     .                 .
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

SJSU CSE

PURCHASE REQUISITION

Reference vendors

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 # _____   Handling/Freight _____

☐ Estimate # _____   Trade-in _____

☐ Contract/SPS _____   Vendor ID _____   Sales Tax _____

☐ Service Agreement # _____   TOTAL _____

☐ Purchase Order Math ☐ Yes ☐ No

FOB _____   Purchase Order # _____

Terms _____   Vendor ID # _____   Log # _____

Delivery Date _____   Ethnic Code _____   Commod PAR _____

Buyer _____

ATHLETIC INVENTORY KEY

B-BANDAGES

D-DRUGS

E-EQUIPMENT

P-PAPER/PLASTICS

S-SPRAYS

T-TAPE

ATHINV FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD NUMBERS

```
                          S J S U
                      A T H L E T I C
                  P U R C H A S E   I N V E N T O R Y
========================================================================
                      QUANTITY QUANTITY PRICE PER   TOTAL    YEAR END
YEAR       KEY     ITEM  ORDERED  RECEIVED   UNIT    PRICE   QUANTITY

19_1        2       _____3    __4     __5     ____6     _____7    __8
ITEM CODE :     _____9

          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

```
                            S J S U
                        A T H L E T I C
                    P U R C H A S E   I N V E N T O R Y
==========================================================================
                        QUANTITY QUANTITY PRICE PER    TOTAL    YEAR END
  YEAR      KEY      ITEM   ORDERED RECEIVED    UNIT    PRICE    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

```
                            S J S U
                        A T H L E T I C
                    P U R C H A S E   I N V E N T O R Y
==========================================================================
                        QUANTITY QUANTITY PRICE PER    TOTAL    YEAR END
  YEAR      KEY      ITEM   ORDERED RECEIVED    UNIT    PRICE    QUANTITY

  1989       B        _____   ____    ____    ___.___   ___.___   ___
  ITEM CODE :  B_____

          VENDOR:   _____
          ADDRESS:  _____
          CITY:     _____, STATE: __ ZIP:_____-____

          KEYS :    B = BANDAGES
                    D = DRUGS
                    E = EQUIPMENT
                    P = PAPER/PLASTICS
                    S = SPRAYS
                    T = TAPE
```

ATHINV FORM LISTING AND FIELD ATTRIBUTE DEFINITIONS

FIELD ATTRIBUTE DEFINITIONS

```
                    Q=required
                    C=check dgt
                    J=right just       * * D E R I V E D *
                    W=write ed c       .     LIST    CALC *****VERIFICATION****
                    O=oper entry       .                  .
FIELD NUM/NAME      R=range chk  PAD/ . INDEX ITEM         .          FILE VERIFY
     LEN LIN COL KEY E=edit mask FLOAT . FIELD  NUM ORDER .   ORDER   FILE NAME
                     .           .      .                  .
001/YEAR
     002 008 004 001 . Q J    E .       .                  .
002/KEY
     001 008 013 002 . Q      E .       .                  .
003/ITEM
     010 008 020 003 . Q      E .       .                  .
004/QUANTITY ORDERED
     003 008 035     .        E .       .                  .
005/QUANTITY RECEIVED
     004 008 044     . J      E .       .                  .
006/PRICE PER UNIT
     006 008 053     . J      E .       .                  .
007/TOTAL PRICE
     006 008 065     . J      E .       .                  .
008/YEAR END QUANTITY
     003 008 076     . J      E .       .                  .
009/ITEM CODE
     015 009 015     .        E .       .                  .
010/VENDOR
     020 011 019     .        E .       .                  .
011/ADDRESS
     025 012 019     .        E .       .                  .
012/CITY
     025 013 019     .        E .       .                  .
013/STATE
     002 013 053     .        E .       .                  .
014/ZIP
     005 013 060     .        E .       .                  .
015/ZIP2
     004 013 066     .        E .       .                  .
```

APPENDIX D

LAST NAME _____ (C)SEX ☐ (F)SPORT ☐☐ (D)DATE OF INJURY __/__/__ TODAY'S DATE __/__/__ INJURY ☐☐☐ (W)

FIRST NAME _____ (B)AGE ☐☐ LOCATION ☐☐

(A)ATHLETE I.D. ☐☐☐-☐☐-☐☐☐☐

(C) 1 INITIAL INJURY   2 RECHECK   3 REINJURY   (H) 1 PRESEASON   2 PRACTICE   3 GAME   4 OFF SEA   (J) 1 Intercollegiate 2 Non-intercollegiate   (2) occur while participating in sport?   1 yes   2 No

MECHANISM How did it happen? _____

Initial Impression: _____

(I)SITE OF INJURY	(O)BODY PART		(R)STRUCTURE	(V)TREATMENT	TREATMENT
1 Right	01 Head	32 Knee	01 Skin	1 Contrast Bath	
2 Left	02 Face	33 Patella	02 Muscle	2 Elec. Stim	
3 Proximal	03 Eye	34 Lower Leg	03 Fascia	3 Exercise	
4 Distal	04 Nose	35 Ankle	04 Bone	4 Hydrocollator	
5 Anterior	05 Ear	36 Achilles Tendon	05 Nervous System	5 Ice	
6 Posterior	06 Mouth	37 Foot	06 Fat Pad	6 Traction	
7 Medial	07 Neck	38 Toes	07 Tendon	7 Ultra Sound	
8 Lateral	08 Thorax	39 Other	08 Ligament	8 Whirlpool	
9 Other/NA	09 Ribs		09 Cartilage	9 Other	
	10 Sternum		10 Capsule		
(K)SITE OF EVALUATION	11 Upper Back		11 Compartment	(U)PRESCRIPTION DISP	
11 Low Back		12 Dental		
1 SHS		13 Bursa	1 Antibiotic Oral	
2 Athletic Trn. Rm.	13 Shoulder	(P)NON-TRAUMATIC	14 Other	2 Anti Inflam. oral	
14 Rotator Cuff			3 Decongestant	
3 Site Competition	15 A.C. Joint	1 Dermatological	NATURE OF INJURY (S)	4 Analgesic	
4 Other	16 Glenohumeral	2 Allergy		5 Muscle relaxant	
	17 Sternoclavicular	3 Influenza	01 Contusion	6 Enzyme	
(L)PROCEDURES	18 Upper Arm	4 URI	02 Strain	7 Anti Inflam. top	
	19 Elbow	5 GU	03 Sprain	8 Antibiotic topical	
1 Physical Exam	20 Forearm	6 Systemic Infect.	04 Fracture	9 Other	
2 X-Ray	21 Wrist	7 Local Infect.	05 Rupture		
3 Splint	22 Hand	8 Common Cold	06 Tendonitis		
4 Wrap	23 Thumb	9 Other	07 Bursitis		
5 Cast	24 Finger		08 Myositis	MEDICATION	
6 Aspiration	25 MP Joint	(Q)INJ PARTICIPATION	09 Laceration		
7 I.C.E. &R.	26 PIP Joint		10 Concussion		
8 Lab	27 Abdomen	1 No part.	11 Avulsion		
9 Other	28 Hip	2 Part part.	12 Abrasion		
	29 Thigh, Anterior	3 Full part.	13 Dislocation		
(M) DISPOSITION	30 Thigh, Posterior		14 Inflammation		
	31 Thigh, Medial	(T) DEGREE	15 Other		
1 SHS		1° 2° 3°			
2 Trainer	(N) REFERRAL		(v) INJECTIONS		
3 Hospital		(REST TIME OUT)			
4 M.D.	1 Orthopedic		1 Cortico Steroids		
5 Other	2 Arthrogram	1. 1-2 day	2 Antibiotic		
	3 Neurological	2. 1 week	3 Corticosteroids		
	4 Int. Med	3. 1-2 weeks	4 Vaccine		
	5 ENT	4. 2-3 weeks	5 Analgesic		
	6 Dentist	5. 3-4 weeks	6 Antiemetic		
	7 Other	6. Season	7 Other		

7/7h