



### **New Athlete Medical Screening Checklist:**

- Log in to ATS Athlete Portal
- Complete athlete profile on "General" tab
- Submit primary insurance information AND clear images of the insurance card
- Provide emergency contact information
- Complete "Medical History" tab with pertinent medications, procedures, and conditions
- Upload sickle cell solubility test results (2 locations)
  - "Sickle Cell" tab (see step 3)
  - "eFiles" tab (see step 6)
- Complete all four ATS forms
  - Assumption of Risk
  - New Athlete Health History
  - Statement of Insurance
  - Student-Athlete Authorization/Consent for Disclosure of Protected Health Information
- Complete and upload your pre-participation physical to "eFiles" tab
- Upload completed NCAA Banned Substance form to "eFiles" tab IF APPLICABLE
- Complete ImPACT (using directions in "eFiles")

**\*\*\*Please refer to the following pages of this document for in depth instructions on how to complete each task. These instructions have been carefully curated to guide you through this process step-by-step and decrease as much confusion as possible**

## New Athlete Medical Screening Instructions

Welcome to all incoming first year and transfer students joining Willamette University! To participate in varsity sports, you'll need to complete your medical paperwork. This process begins by logging into the ATS system. Please follow the steps outlined below to get started.

**\*PARENTS/GUARDIANS PLEASE HAVE YOUR CHILD FILL OUT THE PAPERWORK\***

Once you click on the following link you will see this website below. Please use the word **new** for both the ID and Password. You will be prompted later to change the ID and Password.

Link: <http://willamette2.atsusers.com/>

Athlete ID: **new**

Password: **new**

Database: atswillamette

The screenshot shows the login interface for the Athletic Trainer System (ATS) Athlete Portal. At the top, there is a blue header with the ATS logo and the text "Athletic Trainer System © Athlete Portal Login". Below this is the Willamette University logo and a row of small images showing athletes. The main login area includes the ATS logo on the left and a form on the right with the following fields: "Athlete ID:" with a text input containing "Login ID", "Password:" with a text input containing "Password", and "Database:" with a text input containing "atswillamette". A blue "Login" button is positioned to the right of the password field. Below the form are two links: "Forgot your Password?" and "Forgot your Athlete ID?". At the bottom of the page, there is a red text message: "If you have ANY questions or problems you will need to email Daisha Harryman, MS, ATC, LAT at dharryman@willamette.edu." The footer contains the ATS logo, copyright information "Copyright (c) by Athletic Trainer Systems LLC", and a link to the "Privacy Policy".

## STEP 1: Athlete Information Section

You must fill out **all fields in yellow on the "General", "Insurance", and "Contact" tabs** to be able to "SAVE INFORMATION" and move onto the next step.

- If you attempt to save and there is a yellow section not filled out, ATS cannot complete the save. It should say what question(s) was not filled out at the top of the screen in a red banner.

The screenshot shows the "Athlete Information" section of the ATS system. The header is blue and contains the text "Athlete Information - Test Tester, WILLAMETTE UNIVERSITY" along with "Menu" and "Logout" buttons. Below the header is a navigation bar with several tabs: "General", "Medical History", "Sickle Cell", "Screen/Test/Vacc", "Paperwork", "Insurance", "Contacts", "Forms", "eFiles", and "Account Security". The "General" tab is currently selected. A red error banner is displayed at the bottom of the screen, containing the text: "Your medical staff requires the yellow colored fields be filled out to save. The following are missing: Primary Address".

# GENERAL Tab

**Athlete Information - WILLAMETTE UNIVERSITY** Logout

General Insurance \* Contact \* eFiles

**Light Yellow colored** items are required to be filled out.

Select Team 1:

Select Team 2:

Select Team 3:

Name:

(First) (Middle) (Last) (Suffix)

Prefd Name:  Pronouns:

Gender:  -- Gender -- DOB:

Phone:  Cell:

Email:

Twitter Tag:

Address:

City:  State/Province:

Zip Code:  Country:

Additional Address:

City:  State/Province:

Zip Code:  Country:

Athlete ID\*:  Upload Athlete Photo

\* Used to log into the ATS Athlete Portal and Kiosk.

Athlete ID:

Password:

**No PHOTO AVAILABLE**

(Suggested Size: 160x200 and < 1MB)  
(Choose File) No file chosen

Password must have:  
 At least 12 characters  
 At least 1 lowercase letter  
 At least 1 uppercase letter  
 At least 1 number  
 At least 1 special character

Year:

Blood Type:

Driver #:

Passport #:

Race:  Ethnicity:

Marital:  Employed:

Preferred Hospital Information:

Family Physician Information:

Medical Alerts (Size limit 200):

Allergies (Size limit 200):

Current Medications (Size limit 200):

**Save Athlete Information**

- ATHLETE ID# must be your student ID number provided to you by the university
- Choose a password you'll remember— you'll need it throughout the school year.
- Medical Alerts – list any medical conditions, medications, or health concerns that medical staff should be aware of in case of an emergency.
- Allergies – list any known allergies, including reactions to foods, medications, or environmental factors, that could impact emergency care.

# INSURANCE Tab

**Athlete Information - WILLAMETTE UNIVERSITY** Logout

General **Insurance \*** Contact \* eFiles

**Add a New Insurance Company**

If you are not able to find your insurance company in the company list below, then click the "Add a New Insurance Company" button.

Company:

Ins Type:

Phone:

Plan Name:

Plan Type:

Copy:

ID #:

Group #:

Policy Start:

Policy End:

Deductible \$:

Deductible Text:

PCP Name:

PCP Phone:

**Policy Holder Information**

First Name:

Middle Name:

Last Name:

DOB:

Gender:  -- Gender --

Street:

City:

State:

Zip:

Phone:

Athlete's Relationship to Insured:

Signature On File?

Employer Name:

Email Address:

Notes: (Max 1000 Characters)

Card Front Back Front/Back **Upload**

**Upload Insurance Card Images**

**Make sure this image is of your insurance card only and can be read easily. Files must be < 1mb in size and type .jpg, .png, .bmp or .gif.**

Front\* (size 2" x 3")  Choose File No file chosen

Document Type:

Back\* (size 2" x 3")  Choose File No file chosen

Document Type:

Front/Back (size 2" x 6")  Choose File No file chosen

**Size 2" x 6" means 2 inches high and 6 inches wide. Remember the images must be able to be read.**

**Save Athlete Information**

- List any current health insurance you are covered under
- Under “**Company**” your insurance company should be listed. If not, close window and click on “**Add a New Insurance Company**” button and add your insurance company, then go back to the “**Add**” button.
- Enter information in all the yellow highlighted sections.
- In the “**Payor#**” field you have to enter **1** since this is your primary insurance.
- At the bottom you are required to upload a copy of your insurance card. Make sure to upload both the front and back of your card. **Files must be < 1mb in size and type .jpg, .png, .bmp or .gif and readable.**
  - The insurance card that needs to be uploaded into the system should be readable and not have a mirror image. You can take a picture with your cell phone and upload it into the system. Please make sure the image is only of the insurance card, make sure to crop off any excess background.
- Once the card image is uploaded, click the “**Save**” button on the bottom left of webpage.

## CONTACTS Tab

👤 **Athlete Information - WILLAMETTE UNIVERSITY**

General
Insurance \*
Contact \*
eFiles

**Primary Emergency Contact**

Contact's Name:

Relationship:

Primary Phone:

Cell:

Work Phone:

Email:

Login ID:

Password:

Employer Name:

Employer Address:

Employer City:

Employer State:

Employer Zip:


Employer Phone:

Notes:

[Save Athlete Information](#)

- List any emergency contacts under this tab
  - Please list any phone number(s) we can reach them from
  - If this is someone who will be helping you with your medical screening paperwork, please list their email address here as well
- You can add more than one emergency contact – to add another person, return to the “**Contact**” page and select “**Add New Contact**” and fill out all yellow fields accordingly.
  - Under “**Contact Order**”, enter a **1** for the person you wish to be contacted first. Include a memo in the “**Notes**” section if there is anything else we should know such as *Try work phone first.*
- To finish, click the “**Verify Emergency Contact Information**” button.

**\*\*\* Once all required fields are filled out, click the “Save Athlete Information” button. After saving, additional tabs (Medical History, Sickle Cell, Screen/Test/Vaccine, Paperwork, Forms, Account Security) will appear at the top of the page. \*\*\***

 Menu Logout

General Medical History Sickle Cell Screen/Test/Vacc Paperwork Insurance Contacts Forms eFiles Account Security

Here are some important tips to keep in mind as you continue:

- If you are having problems with the webpage, try a different search engine such as Chrome, Internet Explorer, Firefox or Safari.
- Larger forms that you upload into the system take longer to save. Don't navigate to another section until you see the green **“Save Complete”** banner at the top of the screen.
- The signature box is visible at the bottom of each page under the **“New Athlete Medical History”**. *Sign only the last page of the medical history*. Also, the signature will take a few seconds to load into the system. Please be patient.
- Make sure to save as you go, since you might be logged out from your Internet browser. Even though you are active, the browser might still log you out.
- Ensure that all boxes marked yellow or demarcated with an asterisk are completed or else the form will not save. Similarly, the form will also not save if it has not been signed.

## STEP 2: Medical History

 Menu Logout

General Medical History Sickle Cell Screen/Test/Vacc Paperwork Insurance Contacts Forms eFiles Account Security

Surgeries - Please edit or insert any surgeries you may have had.

No surgeries found.

Add New Surgery Edit Selected Delete Selected

Other Medical Notes

Save Medical History Verify Medical History I verify that the medical history above is correct and up to date. This is only required if no changes have been made.

 Database: atswillamette | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2026, Athletic Trainer System LLC | Privacy Policy Menu Logout

- Please list any general medical or surgical procedures you have undergone (at any time), as well as any orthopedic surgeries within the past two years.
- It is important to list any medical conditions or alerts, allergies, or current medications in this section. Once you have completed that, click on “**Save Medical History**”.
- If you do not have any medical conditions or alerts, allergies, or current medications to report, click on “**Verify Medical History**”.

## STEP 3: Sickle Cell

**Athlete Information - Test Tester, WILLAMETTE UNIVERSITY** Menu Logout

General Medical History **Sickle Cell** Screen/Test/Vacc Paperwork Insurance Contacts Forms eFiles Account Security

**Sickle Cell Information**

Date:

Results:

Performed At:

Physician Name:  Address:

Phone:

Notes and Comments

Upload Image (new or replacement)  No file chosen

Document Type

Database: atswillamette | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2026, Athletic Trainer System LLC | Privacy Policy Menu Logout

- All new athletes, including transfers, must provide documentation of sickle cell screening results. This is an NCAA requirement and must be uploaded into ATS.
- Many may already have results from newborn screening, which is often acceptable documentation if records are available. Please be advised, athletes born in Oregon may likely not have access to this information due to state record keeping policies (unless the documentation exists as a paper copy).
  - You can find contact information for each state health department, as well as the start dates for sickle cell testing, using this link: <https://www.wubearcats.com/information/sportsmedicine/medscreen/Sickle-Cell-Test-Results-Contact-Information.pdf>
- If you do not have prior documentation, please request a “sickle cell solubility test” from your PCP or trusted healthcare provider.

## STEP 4: Screen/Test/Vaccines

Athlete Information - Test Tester, WILLAMETTE UNIVERSITY
Menu Logout

General Medical History Sickle Cell Screen/Test/Vacc Paperwork Insurance Contacts Forms eFiles Account Security

Vaccines

Add New Vaccination
Add Booster
Edit Selected
Delete Selected

No Vaccines found.

Screening Results  
No Screening Results found.

Test Results  
No Test Results found.

Add Test Results

ATS
Menu Logout

Database: atswillamette | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2026, Athletic Trainer System LLC | Privacy Policy

- WE DO NOT REQUIRE ANY OF THIS INFORMATION, PLEASE SKIP THIS TAB.
- Please refer to your [student email](#) for a message from Bishop Wellness Center which provides instructions for submitting necessary immunization records. For questions or assistance regarding vaccines and immunization records, contact the Bishop Wellness Center at (503) 370-6062 or email [bishop-insurance@willamette.edu](mailto:bishop-insurance@willamette.edu).

## STEP 5: Forms/Paperwork

Athlete Information - Test Tester, WILLAMETTE UNIVERSITY
Menu Logout

General Medical History Sickle Cell Screen/Test/Vacc Paperwork Insurance Contacts Forms eFiles Account Security

Primary Paperwork List

Paperwork Complete
  Cleared To Play
  CTP Status

Paperwork	Submitted	Submit Date	Verified
Assumption of Risk	Submitted	04/14/2026	
HIPPA Release Form	Submitted	04/14/2026	
New Athlete Medical History			<span style="background-color: #0056b3; color: white; padding: 5px 15px;">Complete Form</span>
Physical Form			
Returning Athlete Form			<span style="background-color: #0056b3; color: white; padding: 5px 15px;">Complete Form</span>
Sickle Cell Trait			<span style="background-color: #0056b3; color: white; padding: 5px 15px;">Complete Form</span>
Statement of Insurance			<span style="background-color: #0056b3; color: white; padding: 5px 15px;">Complete Form</span>

1-Time Paperwork List

Paperwork	Submitted	Submit Date	Verified
Sickle Cell eFile			

Physicals  
No physicals found.

ATS
Menu Logout

Database: atswillamette | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2026, Athletic Trainer System LLC | Privacy Policy

- General
- Medical History
- Sickle Cell
- Screen/Test/Vacc
- Paperwork
- Insurance
- Contacts
- Forms**
- eFiles
- Account Security

**Athlete Forms**

Form Name  Date

- 
- 
- 
- 

Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.

No athlete forms found.

- General
- Medical History
- Sickle Cell
- Screen/Test/Vacc
- Paperwork
- Insurance
- Contacts
- Forms**
- eFiles
- Account Security

**Athlete Forms**

Form Name  Date

- Assumption of Risk
- New Athlete Health History
- Returning Athlete Health Update
- Statement of Insurance
- Student-Athlete Authorization Consent for Disclosure of Protected Health Information (HIPAA)

Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.

No athlete forms found.

- General
- Medical History
- Sickle Cell
- Screen/Test/Vacc
- Paperwork
- Insurance
- Contacts
- Forms**
- eFiles
- Account Security

**Athlete Forms**

Form Name  Date

- 
- 
- 
- 

Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.

Date/Time Form was Saved	Form Name	Show Details
[ - ] Year: 2026		
04/14/2026 12:55:22 PM	Assumption of Risk	<input type="button" value="View Form Above"/>
<b>End of Forms</b>		

You will need to fill out four of the forms. ONCE YOU COMPLETE A FORM, it will kick you to the "FORMS" tab. Please go back to the "Paperwork" tab to complete the remaining forms. The required forms for all incoming athletes are listed below:

- Assumption of Risk
- New Athlete Health History
  - Please disregard "Returning Athlete Health Update" form. You do NOT need this form.
- Statement of Insurance
- Student-Athlete authorization/consent for disclosure of protected health information (AKA HIPAA Release form)

Once you have completed a form, ATS will display a green "Save Complete" banner on the top of the screen. A confirmation email will be sent to the email address that you registered with once the form has successfully been completed and saved. As demonstrated in the images above, the "Forms" and "Paperwork" pages will reflect submission of each form with the "Submitted" status as well as time/date stamp of when the form was submitted.

The screenshot shows the 'Athlete Information - Test Tester, WILLAMETTE UNIVERSITY' interface. A green notification banner at the top states 'Save Complete! A confirmation email was sent to you.' Below this, a navigation menu includes 'General', 'Medical History', 'Sickle Cell', 'Screen/Test/Vacc', 'Paperwork', 'Insurance', 'Contacts', 'Forms', 'eFiles', and 'Account Security'. The 'Forms' tab is active. Under 'Athlete Forms', the 'Form Name' is 'Assumption of Risk' and the 'Date' is '4/14/2026 12:55:22 PM'. Buttons for 'New', 'Save', and 'Print/View' are visible. A note at the bottom indicates '\* Items required to be filled out.'

More information on each form is listed below.

### Assumption of Risk

Type your name at the top of the form in the specified text box. Read through all the sections and place your initials in the box at the bottom of each section (in the "Explain" section). Once you've completed this, sign the form.

Q 1: Name of Athlete: \*

A 1:

Explain:

2: Please **initial** in the box provided after every statement. By doing so you acknowledge, affirm, and represent the information.

Present Physical Condition:

Q 3: I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to the Willamette University Sports Medicine Team; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition. \*


A 3:

Explain:

You will sign the form by checking the box to accept an electronic signature for the document. Then, type your name in the “**Signed By**” box. Click the “**Sign**” button next to your name. Finally, Click the blue “**Save**” button at the bottom of the screen to save this form before you can move on to the next.

Please follow these guidelines for signing the other forms described below

Please read the [Electronic Record and Signature Disclosure](#)

I agree to use electronic records and signatures. 

**Athlete/Student Signature**

\* Signed By:

**Parent/Guardian Signature**

Signed By:

**Athlete/Student Signature**

Digitally Signed: 04/14/2026 12:54 PM

Test Tester

Signed By: Test Tester

**Parent/Guardian Signature**

Signed By:

### ***New Athlete Health History***

This section is lengthy, but extremely important. Make sure to answer all the questions, elaborating when necessary. Please try your best to be specific when questions ask for dates of injuries/procedures as well as what those events were. For example, a good answer could look something like “Right Knee ACL repair surgery, August 2024” or “Left Arm, Biceps strain, March 2025”.

After carefully reviewing all your answers, sign on the last page. Once you’re finished, click “**Save**.” If any answers are missing, they will be highlighted at the top of the page. Complete the missing information and click “**Save**” again.

### ***Statement of Insurance***

Please read this form in its entirety before signing at the bottom. (Refer to instructions above regarding how to sign the form) This form states that you confirm that you have health insurance and understand it must be comparable to the Willamette Student Health Insurance Plan. Students will not be permitted to participate in intercollegiate athletics without either the Willamette plan or comparable medical coverage.

### ***Student-Athlete Authorization/Consent for Disclosure of Protected Health Information***

This is also referred to as the HIPAA Release form in some locations. Please read this form in its entirety before signing at the bottom. (Refer to instructions above regarding how to sign the form) This form authorizes Willamette University athletic and medical staff to share your protected health information related to injuries or illnesses during athletic participation with relevant parties. Signing is required to participate in intercollegiate athletics.

# STEP 6: e-FILES

**Athlete Information - Test Tester, WILLAMETTE UNIVERSITY** Menu Logout

General Medical History Sickle Cell Screen/Test/Vacc Paperwork Insurance Contacts Forms **eFiles** Account Security

Electronic Files

Electronic Files uploaded by the athlete. [Upload Document](#)

Click the download button for the file you wish to view.

Electronic Files provided by the athletic training staff.

Type	Description	Instructions	Download
Return to Participation Release	Return to athletic competition form	Have your treating physician fill out this form to release you return to your sport following injury.	<a href="#">Download</a>
Impact Directions	ImPact Directions to be complete by new athletes	ImPact test directions are for first year, transfer and football student-athletes. You will have to take the ImPact test.	<a href="#">Download</a>
Pre-Participation Forms	Pre-participation Physical Evaluation	All new (freshman and transfer) athletes must print out this form and have your physician fill it out. Then upload it back here to your file.	<a href="#">Download</a>
Pre-Participation Forms	Banned Substance Form		<a href="#">Download</a>

Electronic Files uploaded by the athlete. [Upload Document](#)

No uploaded documents found.

Database: atswillamette | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2020, Athletic Trainer System LLC | Privacy Policy Menu Logout

You will need to print out the Pre-Participation "Banned Substance Form" (if applicable), ImPACT Directions, and Pre-Participation "Physical Evaluation" form. These forms must be filled out and signed. After completing them, return to ATS and upload the forms into the system.

\*\*\*All required documents must be uploaded in PDF format. Photos and screenshots will not be accepted. **Document size must be 1mb or below. Larger documents will not be accepted by ATS.**

- ***Return to Participation Release***

Please disregard this document unless otherwise instructed by athletic training staff.

- ***ImPACT Directions***

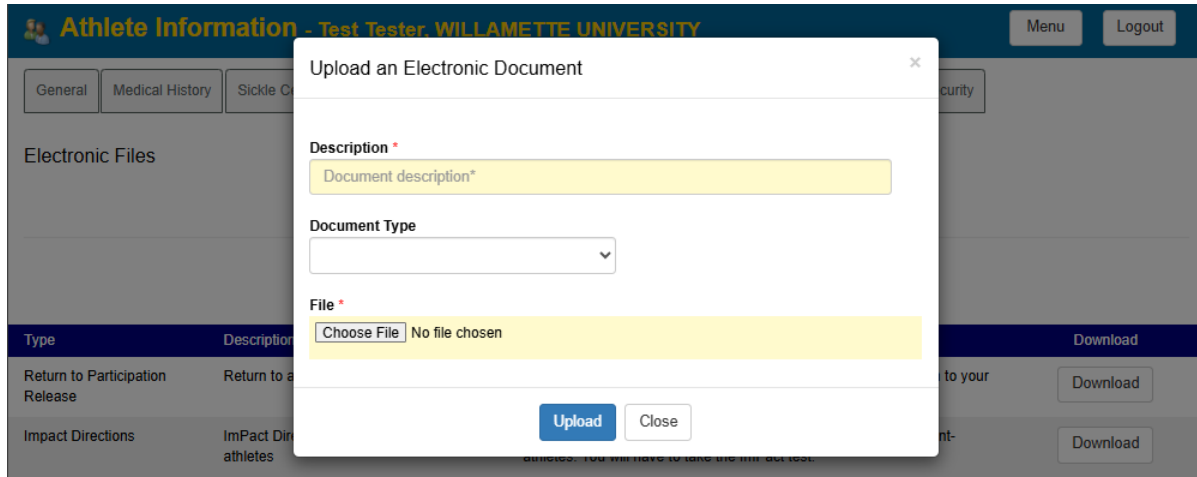
This baseline test is required for all new incoming athletes, first-years and transfers included. Football players must take the ImPact test every year. The ImPACT instruction sheet is available in the ATS system. Once logged in, go to the e-Files tab located on the far right. Click the tab to view and print the necessary documents.

- ***Pre-Participation "Physical Evaluation"***

This form must be completed by your physician. IMPORTANT: Be sure to bring your "Health History Form" with you, as they will need to review it during your physical. The physical must be **conducted no earlier than June 1st** of the current year. As stated on the form, it must be completed by an MD, DO, NP or PA. Do not leave without getting the clinic stamp.

- ***Pre-Participation "Banned Substance"***

This form is for your physician to sign ONLY if you are taking a medication that is considered a banned substance. The list of banned substances can be found on the NCAA website. [2025-26NCAA BannedSubstances.pdf](#)



In addition to your sickle cell screening results, you will be asked to upload your pre-participation physical as well as any other documents as deemed necessary by the athletic training staff. When uploading documents, please title each upload appropriately and descriptively, such as “Pre-Participation Physical” or “Sickle Cell Test Results”.

- ***Sickle Cell Screening Results***

Please re-upload your sickle cell documentation here. All new athletes, including transfers, must provide documentation of sickle cell screening results. This is an NCAA requirement and must be uploaded into ATS. You can find contact information for each state health department, as well as the start dates for sickle cell testing, using this link:

<https://www.wubearcats.com/information/sportsmedicine/medscreen/Sickle-Cell-Test-Results-Contact-Information.pdf>

---

**It is important that all the information above is submitted to ATS by July 1, 2026. If the necessary forms are not complete, information is incomplete, or medical documentation is incomplete, THE STUDENT ATHLETE WILL NOT BE ABLE TO BEGIN PRACTICE. THERE WILL BE NO EXCEPTIONS. Any additional information requested by the Sports Medicine Team will need to be completed before report date/start of classes.**

\*Submitting your primary insurance information is for Sports Medicine Department use only. It is in no way a substitute for the Willamette University Student Health Insurance Waiver. Proper completion of this waiver, if you choose to waive the Student Health Insurance Plan, is done through the cashier’s office.