

VILLANOVA SPORTS MEDICINE

Freshmen/ New Student Athlete Checklist

Fax Number: 610-519-7728

[TUTORIAL: How to Complete ARMS Workflows \(forms\)](#)

[TUTORIAL: How to Complete Student Health Portal Requirements](#)



	CHECKLIST	INFORMATION & WEBSITES
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) Sickle Cell Form	<ul style="list-style-type: none"> PRIOR to coming to campus, during your Physical Examination, have your physician order a Sickle Cell Screening blood lab. UPLOAD your Results (when they become available to you) into this “Sickle Cell Form” Workflow & Submit when complete in your ARMS Portal
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) Concussion Acknowledgement-Student-Athlete	<ul style="list-style-type: none"> Review, Sign, and Submit this Workflow in your ARMS Portal
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) Demographic Form	<ul style="list-style-type: none"> Complete and Submit this Workflow in your ARMS Portal Reminder: UPLOAD Front & Back Photos of your health insurance card within this Workflow
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) HIPAA Consent Form	<ul style="list-style-type: none"> Review, Sign, and Submit this Workflow in your ARMS Portal
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) Initial Health History	<ul style="list-style-type: none"> Enter All Relevant Injury and Illness History in detail (include dates, if applicable) Complete and Submit this Workflow in your ARMS Portal
<input type="checkbox"/>	(ARMS- Athletics; Sports Medicine Dept) Student-Athlete Health Insurance Requirements and Medical Expense Policy	<ul style="list-style-type: none"> Click the hyperlink imbedded at the top of the Workflow to review the policy. You MUST add contact information for the primary insurance policy holder (usually parent/guardian). Sign, date, and submit in your ARMS Portal
<input type="checkbox"/>	(Send to your Athletic Trainer; if applicable) Previous Medical History Documentation	<ul style="list-style-type: none"> Obtain any Physician, Physical Therapy or Surgical Notes related to Significant Injuries or Illnesses. Email or Fax these documents to your sport Athletic Trainer PRIOR to your arrival on campus. Fax: (610) 519-7728
<input type="checkbox"/>	(STUDENT HEALTH PORTAL- Villanova University) Student Health Center Forms	<ul style="list-style-type: none"> MANUALLY INPUT & UPLOAD Immunization Records (See Student Health Center Instructions) UPLOAD Physical Examination Packet *Deadline July 1st, 2025 (*different per sport arrival) Student Health Portal
<input type="checkbox"/>	(Send to your Athletic Trainer; if applicable) ADD/ADHD Form	<ul style="list-style-type: none"> ADHD Form Obtain the required documentation from your Prescribing Physician. Email or Fax completed document to your Athletic Trainer (610) 519-7728
<input type="checkbox"/>	(ARMS- Counseling Center) Counseling Center Information Brochure & PHQ-9	<ul style="list-style-type: none"> Mental Health Screening tool ARMS Portal Reviewed by Sports Psychology staff University Counseling Center 610-519-4050