



Returning Athlete Medical Screening Checklist:

- Log in to ATS Athlete Portal
- Review and update demographic information on the "General" tab
- Update "Medical History" tab with any new procedures, conditions, or medications as needed
- Check expiration date and edit primary insurance policy as needed
- Review and update emergency contact information
- Complete all four ATS forms
 - Assumption of Risk
 - Returning Athlete Health Update
 - Statement of Insurance
 - Student-Athlete Authorization/Consent for Disclosure of Protected Health Information
- Upload current NCAA Banned Substance form to "eFiles" tab IF APPLICABLE
- Upload Return to Sport clearance note to "eFiles" tab IF APPLICABLE
- Provide athletic training staff with ALL clinical documentation for new or ongoing injuries from the previous school year IF APPLICABLE
 - This includes but is no limited to clinical notes, imaging results, pre-/post-operative reports, physical therapy initial evaluations and/or discharge notes
- FOOTBALL ATHLETES ONLY: Complete ImPACT baseline for current year

*****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**

Returning Athlete Medical Screening Instructions

Welcome back, student-athletes! To participate in varsity sports at Willamette University, please follow the steps below to complete your required medical paperwork. You'll need to log into ATS 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. You will be forced to change your password once you log in. Please **DO NOT** change your Athlete ID to anything other than your student ID number you have been given by the university.

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

Athlete ID: **Student ID#**

Password: **WillU!26\$port**

Database: atswillamette

Athletic Trainer System © Athlete Portal Login

Willamette University

Athlete ID:

Password:

Database:

[Forgot your Password?](#)

[Forgot your Athlete ID?](#)

If you have ANY questions or problems you will need to email Daisha Harryman, MS, ATC, LAT at dharryman@willamette.edu.

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STEP 1: Athlete Information Section

Please take time to review your information under the “General” and “Contact” tabs and update all fields highlighted in yellow as necessary. You must ensure that all fields in yellow filled out before saving the updated information. ATS will not allow you to save and move on unless all fields in yellow are complete.

Once all fields in yellow are complete, press the “Save Athlete Information” button at the bottom of the screen. A green banner titled “Information successfully saved.” will appear at the top of the screen to indicate the save was successful.

Athlete Information - Test Tester, WILLAMETTE UNIVERSITY

Menu Logout

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

Information successfully saved.

GENERAL Tab

Light Yellow colored items are required to be filled out.

Name: Test (First), (Middle), Tester (Last), (Suffix)

Alternate ID: [Field]

Password: [Field] Change

Year: Junior

Blood Type: [Field]

Driver #: [Field]

Passport #: [Field]

Race: [Field]

Marital: [Field]

Ethnicity: [Field]

Employed: [Field]

Preferred Hospital Information: [Field]

Family Physician Information: [Field]

Medical Alerts (Size limit 200): [Field] None

Allergies (Size limit 200): [Field] None

Current Medications (Size limit 200): [Field]

Gender: Male

DOB: 11/17/2005

Phone: [Field]

Cell: 111-111-1111

Opt-in to receiving text messages:

Email: mwhite2@willamette.edu

Change/Verify Email

Twitter Tag: [Field]

Address: 900 State St

City: Salem

State/Province: OR

Zip Code: 97302

Country: [Field]

Additional Address: [Field]

City: [Field]

State/Province: [Field]

Zip Code: [Field]

Country: [Field]

Athlete ID*: test1

Upload Athlete Photo

No PHOTO AVAILABLE

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

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

- ATHLETE ID# must be your student ID number provided to you by the university
- Ensure the “Year” section accurately reflects your present status (e.g. Grad 2027, Sophomore, etc.)
- Please double check that the “Medical Alerts” and “Allergy” are correct and update each section accordingly to reflect your present medical information.
- Select “**Verify Athlete Information**” at the bottom of the screen to save the page if all information appears correct and no changes have been made. A green banner will appear at the top of the screen to confirm that the page was successfully saved.

Save Athlete Information

Verify Athlete Information

I verify that the information 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
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Menu

Logout

CONTACTS Tab

Athlete Information - Test Tester, WILLAMETTE UNIVERSITY Menu Logout

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

Emergency Contacts

Add New Contact Edit Selected Delete Selected

Contact Order	Contact Information	Employment	Notes
1	Name: Test Tester Relation: Other Primary: 555-555-5555 Cell: Work: Email:		

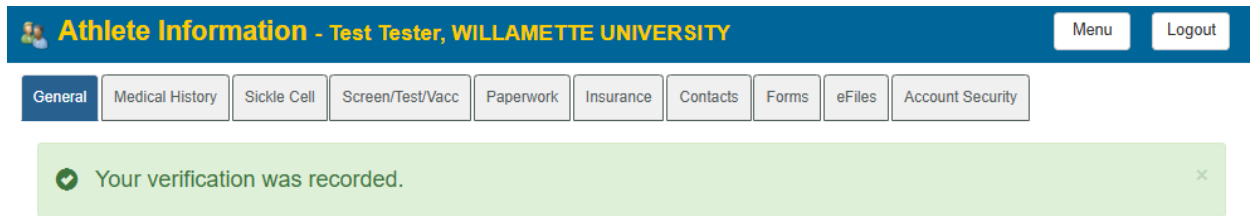
Verify Emergency Contact Information

I verify that the emergency contact information above is correct and up to date.
This is only required if no changes have been made.

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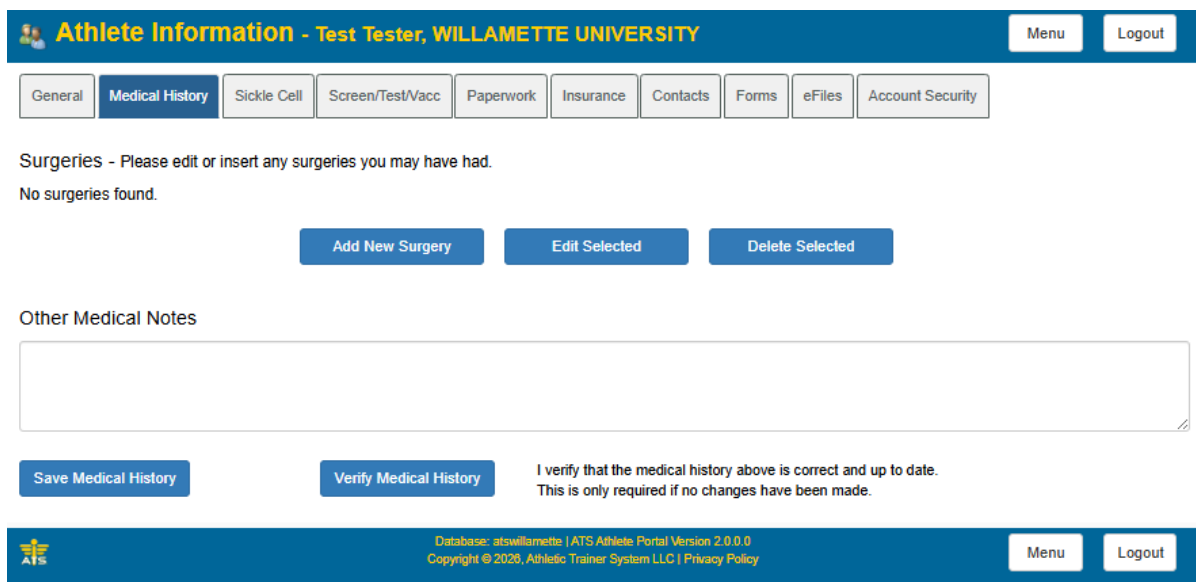
Menu Logout

- Please review emergency contacts. If you do not wish to change this, click the “**Verify Emergency Contact Information**” button. Wait for the green banner to appear at the top of your screen to ensure information was successfully saved.



- To edit information to any existing emergency contacts, select desired contact and click the “**Edit Selected**” button toward the top of the screen.
- If you would like to change this, follow the steps below.
 - Click on the “**Add New Contact**” button and fill as much information as you can. Under **contact order**, enter a **1** for the person you wish to be contacted first. Include a note if there is anything else we should know such as “*Try work phone first.*” To add another person, click “add” again. Make sure you put a number under contact order. To finish, click the “**Verify Emergency Contact Information**” button.

STEP 2: Medical History



- If you haven’t had any changes to your medical history since the END of the school year, that we are aware of, then click on “**Verify Medical History**”. A green banner will appear at the top of the screen to indicate all information has been successfully verified.
- If not, please list any changes to surgeries, medical conditions/alerts, allergies, and current medications. Then click on “**Save Medical History**”. A green banner will appear at the top of the screen to indicate all information has been successfully saved.

STEP 3: Insurance

Athlete Information - Test Tester, WILLAMETTE UNIVERSITY Menu Logout

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

Insurance

Add New Insurance Edit Selected Delete Selected

Payor#	Plan Info & Physician (PCP)	Policy Holder Information
1	Company: AmeriBen Location: Ins. Type: Medical - PPO Co. Phone: 888-888-8888 Plan: Plan Type: CoPay: ID #: 123456789 Group #: 123456789 Deductible: Deductible: PCP Name: PCP Phone: Card Images: Front,Back	Name: Maddie White DOB: 04/17/2000 Gender: Female Athlete's Relation: Other Address: 900 State St City: Salem State: OR Zip: 97302 Phone: 999-999-9999 Sig on File: False Employer: WU Email: mwwhite2@willamette.edu Policy Start: Policy End:

Add a New Insurance Company Verify Insurance Information

If you are not able to find your insurance company in the list, close the popup window. Then click the button above to add your company to the list.

I verify that the insurance information above is correct and up to date. This is only required if no changes have been made.

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- If you haven't changed your insurance since the END of last school year. Verify your current insurance information listed, make any changes as needed, then click **"Verify Insurance Information"**. Wait for the green banner to appear at the top of your screen to ensure information was successfully saved.
- If you need to edit a current insurance policy, you can also highlight the current policy, then select the blue **"Edit Selected"** button below the tabs on the top of the screen.
- If your insurance has changed, follow the instructions below first to add your new insurance.
 - Click the **"Add"** button to add your insurance. Under **"Company"** your insurance company should be listed. If not, close the window and click on the **"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 must 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.** Once the card image is uploaded, click the **"Save"** button on the bottom left of the webpage.
 - Please use the **"Add New Insurance Company"** if your insurance company is not already listed in the drop-down menu.
- Once you have added your new insurance, remove old insurance by clicking on the old insurance and selecting **"Delete Selected"** button in blue right above it.

STEP 4: Paperwork

You will need to fill out four of the forms and save them. Once they are completed, it will show up under records at the top of the page. The required forms for RETURNERS are listed below:

- Assumption of Risk
- Returning Athlete Form
- Statement of Insurance
- Student-Athlete Authorization/Consent for Disclosure of Protected Health Information

Please disregard the "New Athlete Medical History" form. You completed this before your first year at Willamette.

Once completed, the paperwork tab will display the word "Submitted" next to the name of the form along with the submit date. Ensure that these are present next to each of the four form names to fulfill this medical screening requirement.

You can also use the "Forms" tab to complete your four forms using the drop-down menu toward the top of the screen. Once completed, the completed forms will appear listed, and time stamped in the table at the bottom of the screen for each school year.

The screenshot shows the 'Forms' tab selected in the top navigation bar. Below the navigation bar, there are dropdown menus for 'Athlete Forms' (Form Name) and 'Date'. There are 'New' and 'Save' buttons. Below these are buttons for 'Hide Completed Forms', 'Scroll Down', 'Scroll Up', and 'Hide Instructions'. A text instruction reads: '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: 2024		
07/02/2024 04:08:47 PM	Student-Athlete Authorization Consent for Disclosure of Protected Health Information (HIPAA)	View Form Above
07/02/2024 04:08:21 PM	Statement of Insurance	View Form Above
07/02/2024 04:07:29 PM	Returning Athlete Health Update	View Form Above
07/02/2024 04:03:23 PM	Assumption of Risk	View Form Above
[+] Year: 2023		

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Menu Logout

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.

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 as 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:

Returning Athlete Health History

Please complete all questions and sign at the end—this form is for any NEW injuries from the PAST school year that the athletic training staff are not yet aware of. Please try to be specific regarding things like body part affected, procedure/providers sought, injury, etc.

Once you’re finished, sign the form and 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.

General	Medical History	Sickle Cell	Screen/Test/Vacc	Paperwork	Insurance	Contacts	Forms	eFiles	Account Security
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 **FORM DID NOT SAVE!** Questions with a red * after them require an answer. Question in section "Since Your Last Medical Screening:" and question number 2 is required to be answered to save. 

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 5: e-FILES

If asked to upload any files by the athletic training staff, please do so at this step by selecting the blue “Upload Document” button. Be sure to title each upload appropriately, including body part and side of the body when appropriate. A good title, for example, could look like “Right Elbow MRI Results”.

As you upload things over the years, they will appear beneath the electronic files provided by the athletic training staff (pictured below).

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.	Download
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.	Download
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.	Download
Pre-Participation Forms	Banned Substance Form		Download

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

Date	Description	View
08/16/2022	Athlete Upload: Clearance form	View
08/11/2022	Athlete Upload: Physical clearance	View
08/11/2022	Athlete Upload: Surgery notes	View
08/12/2021	Athlete Upload: Sickle cell test	View
08/04/2021	Athlete Upload: Sickle Cell	View
08/04/2021	Athlete Upload: Physical	View
08/02/2021	Athlete Upload: Sickle cell documentation	View
07/23/2021	Athlete Upload: Physical clearance	View
07/13/2021	Athlete Upload: Baseline Concussion	View

You can print the documents listed below — read the description under each one to determine if it applies to you. Afterward, return to ATS and upload the necessary forms.

***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**

If you had surgery or physical therapy over the summer, or even if you saw a physician, you need to be cleared for participation. Please print out the “Return to Play” form, have your treating physician sign it, and upload it to the system. Be sure to notify us if this applies to you.

- **Pre-Participation - “Banned Substance”**

If you have a change in medication that falls under the NCAA Banned Substance, please print this form and have it signed by your prescribing physician. The list of banned substances can be found on the NCAA website. [2025-26NCAA BannedSubstances.pdf](#)

If you are currently taking a medication that required a banned substance form to be completed in the past, you must have this form filled out by your prescribing physician every year. Be sure that all physician information at the bottom of the form is completed, including the clinic stamp.

- **Impact Directions**

This only applies to returning football athletes, who must retake the ImPACT baseline test each year. The ImPACT instruction sheet is available in the ATS system. Once logged in, go to the “eFiles” tab located on the far right. Click the tab to view and print the necessary documents.

It is important that all information 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.

*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.

IMPORTANT TIPS:

- If you are having problems with the webpage, try a different search engine such as Chrome, Internet Explorer, Firefox or Safari.
- Use the “**Medical History**” tab only if you need to list surgeries, medical conditions/alerts, allergies, and current medications.
 - Please DO NOT use the “Sickle Cell” or “Physical” tab to upload your sickle cell screening result document and physical. Please upload these documents under the “**eFiles**” tab. If you are a returning athlete, you do not need an updated sickle cell screening or physical.
- If you try to save and there is a yellow section not filled out, you cannot save the information. At the top it should say what question was not filled out. Please go back and make sure all yellow sections are filled out.
- 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 on your screen.
- 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.
- 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.