



University of Georgia Compliance Office

On-Campus Evaluation Form

This form is required for approval of all on-campus evaluations (i.e. tryouts) for basketball. Coaches must receive signed compliance approval on this form before allowing any prospects to participate in an on-campus evaluation. Please note that only **one** OCE is permitted per prospect, per institution; however, the one OCE limit applies separately to the period of time that a prospect is in high school/prep school and the period of time after initial full-time collegiate enrollment.

STEP 1: PROSPECT INFORMATION (To Be Completed by the Basketball Staff)

Prospect: _____ Date of Birth: _____ Email: _____
 Sport: _____ Visit Type: _____
 School Season Completed? Yes (attach competition schedule) No (May not conduct OCE)
 Has the prospect exhausted eligibility at this school? Yes No (May not conduct OCE)
 Has the prospect signed a waiver/release of liability? Yes No (May not conduct OCE)
 Date of OCE: _____ OCE Start Time: _____ OCE End Time: _____
 Is this the first OCE for this prospect at this institution? Yes No (If no, date of last OCE: ___/___/___)
 Facility for OCE: _____ Will current student-athletes be participating in the OCE? *Yes No
 *If yes, please note their participation will count toward the applicable hourly and weekly hour limits for countable athletically related activities and are subject to all in-season and out-of-season NCAA rules.

I confirm that all of the aforementioned information is truthful and complete. I further understand that my staff and I are not permitted to conduct an OCE until I receive final written approval from the Compliance Office on this form.

 Head Coach Name (Please Print) Head Coach Signature Date

STEP 2: MEDICAL EXAM (To Be Completed by the Athletic Training Staff) Physical copies of the below exams must be attached to this form.

All items should be provided to UGA Sports medicine for review by our team physician at least **48-72 hours** prior to OCE.

Medical Exam: Yes – Date of Exam: _____ Sickle Cell Test: Yes
 EKG Exam: Yes – Date of Exam: _____ Physical Copies of Records Present: Yes

Medical exams must have been administered either (1) within six months before participation in the on-campus evaluation, **or** (2) within six months before the prospect's initial participation in practice, competition or out-of-season conditioning during his/her immediately completed season. The medical evaluation must include a sickle cell solubility test.

Does the prospect have health insurance? Yes No Name of Insurance Carrier: _____

If there are any questions or concerns in regards to the above medical documents, the sports medicine team reserves the right to refuse clearance to participate

I confirm that I have received attached copies of the medical exam, EKG, sickle cell test, and health insurance card for the aforementioned PSA. I further confirm that the documents meet all the NCAA rules related to a prospect's participation in an OCE.

 Team Physician Name (Please Print) Team Physician Signature Date

 Athletic Trainer Name (Please Print) Athletic Trainer Signature Date

STEP 3: COMPLIANCE REVIEW (To Be Completed by the Compliance Staff)

This OCE is: Approved Denied

 Compliance Staff Name (Please Print) Compliance Staff Signature Date

STEP 4: EQUIPMENT REVIEW (To Be Completed by the Equipment Staff)

Equipment/Gear Issued: _____ Equipment/Gear Retrieved: _____

Items Issued: _____

 Equipment Staff Name (Please Print) Equipment Staff Signature Date

**Upon completion of OCE, please return this form along with Post-OCE form to the Compliance Office