DIGITAL PHYSICAL PACKET INSTRUCTIONS - WEBSITE VERSION

IMPORTANT LINKS

- Healthy Roster Website: <u>www.healthyroster.com</u>
- Direct link to log in: dashboard.healthyroster.com/account/login

GENERAL REMINDER

• All portions of the physical must be completed after May 1st, or completion of the student-athletes spring sport season, in order to be eligible to participate in athletics for the upcoming school year

Step 1 - Log in to Healthy Roster

Step 2 - Select "Documents" from the options on the left side of the screen

Initiation	Jane Doe	***
injulies	JD Birth Date: 05-21-2003	
Incident Reports	Status: C Active	
Follow Ups	ATHLETE DOCUMENTS	ADD
Treatments	Niceing Decuments	
Documents	2024-2025 AHN Consent To Treat	
Organizations	Created By: Bob Smith Created: 04-19-2024	:
Teams	2024-2025 AHN Protected Health Information Created By: Bob Smith	:
Details	Created: 04-19-2024	
Manage Users	2024-2025 PIAA CIPPE Section 1 Created By: Bob Smith Created: 04-19-2024	:
	2024-2025 PIAA CIPPE Section 2-4 Created By: Bob Smith Created: 04-19-2024	1

Step 3 - Complete all required documents, including:

- AHN Consent to Treat
- AHN Protected Health Information
- PIAA CIPPE Section 1
- PIAA CIPPE Section 2-4
- PIAA CIPPE Section 5
- PIAA CIPPE Section 6

Step 4 - To begin work on a document, you will need to click on the three vertical dots on the far right. You will have two options to complete documents.

JD	Jane Doe Birth Date: 05-21-2003	
THLETE I கே / Ath	Status: Contemporation of the status of the	ADD
Missing	Documents	
2A.	2024-2025 AHN Consent To Treat Created By: Bob Smith Created: 04-19-2024	
24	2024-2025 AHN Protected Health Information Created By: Bob Smith Created: 04-19-2024	Add Document<i>L</i> Fill Online
2P.	2024-2025 PIAA CIPPE Section 1 Created By: Bob Smith Created: 04-19-2024	1
-	ETE DOCT MENTS	_
h		
	Click or drag to upload file	<i>.</i>
1		-ili Onine
	CANCEL	
	Creative D4-19-20-24	

Step 5 - Once you select the "Fill Online" option, you will be taken to the document. You will need to complete all required information before adding your signature.

IMPORTANT REMINDER - If you make a mistake while filling out a document, you will need to delete the document you were working on and start a new one (return to Step 4).

Step 6 - After providing all necessary information for the document, you will be asked to sign the document (if necessary).

Consent To Sign	
By clicking or sele agreeing to sign the agreeing that you your handwritten enforceability and Signer Name	ecting "I Agree" below you are his document electronically. You are r electronic signature is the same as signature for the purpose of validity, admissability.
Janet Doe	
Signing Role	
Parent	-

• You will need to add your name and make sure that parent is selected in the "Signing Role" box.

• Then you will be able to add your signature to the document

I understand that AHN's Notice of Privacy Practices can be reviewed here: <u>https://www.ahn.org/notice-of-privacy-practices</u>

Student Athlete (if over 18) Signature	Date		
Sign as Parent			
Parent or Guardian Signature	Date	Witness	

Step 7 - Once you add your signature, you will be taken back to the start of Step 6, where you will need to request that your child signs for the student-athlete signature.

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nderstand the			C	www.ahn.org
privacy-prac				
Acres & shilese				
South Autore	Signature Is Required			
ent or Guard	REQUEST VIA EMAIL	1 AGREE	CANCEL	
				*

After you select "Request via Email" you will enter your child's information

Please provide the bel	ow information to request a
cicenture from the cice	
signature from the sign	ier.
Signer Name	
Jane Doe	
Email Address	
janedoe@gmail.com	
Signing Role	
Student	

Step 8 - Your child will receive an email from Healthy Roster, which will allow them to sign the document.



Support help@healthyroster.com

YOU HAVE A NEW SIGNATURE REQUEST

Hello Jane Doe,

has requested that you sign a document via Healthy Roster. Click below to view and sign the document.

Enter the below authorization code when prompted:



VIEW DOCUMENT

• After the click on the "View Document" button, they will have to enter their authorization code

view the docum	ent please enter the 4-digit authorization code incl	uded in the email you received:
	erre bysener errer and it erûlte menterimeers it ee ee niter	

• Once they enter their code and hit "Submit", they will be allowed to sign the document.

	ASU.		
SIGNEE			
SIGNEE ROLE			
Student			*
SIGNATURE APPE	ARANCE		
			•
By clicking or sel document electro same as your han and admissability	ecting "I Agree" below y onically. You are agreeing ndwritten signature for tl /.	you are agreeing to sign g that your electronic sig he purpose of validity, er	this gnature is the nforceability
	CANCEL	I AGREE SEND FOR	SIGNATURE

If you have any questions on this process, please reach out to your assigned Athletic Trainer via the Healthy Roster app.