



MORAVIAN COLLEGE ATHLETIC TRAINING HOMELINK ACCESS FOR MEDICAL INFORMATION

What is Homelink?

Homelink is a database used by the Athletic Training Staff to allow students and parents to update personal information, emergency contacts, physician information, and insurance. This database will allow you to log on from your home computer and submit necessary information needed for medical clearance to participate in athletics at Moravian College. It is the student athlete's responsibility to make sure that all personal information is kept up to date in our database. Homelink will allow student-athletes to update information as it changes during the four years at Moravian College.

How do I access Homelink?

Homelink can be accessed by going to the Moravian college home page at <http://www.moravian.edu/athletics/medicine/>
Click on Homelink access.

How do I log into Homelink once I have accessed the page?

Logging into Homelink will require a UserID and password assigned to the student athlete.

Your **UserID** and **password** will be issued to you by the Athletic Training Staff.



UserID:

Password:

Login Get Password

SportsWare HomeLink V1.1
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What do I need to fill out in Homelink?

After logging in to Homelink, click on **Athlete Information**.



Athlete
Robert Ward

Athlete Information

Medical History

Logout

The General tab:

- Social Security Number (**DO NOT FILL OUT**)
- Student ID (enter last 4 digits of SSN)
- Grade
- Birth Date (mm/dd/yyyy)
- Sex

When finished, click on the **Submit** button to update the Athlete information database. Next, click on the **Address** tab at the top of the page

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General | Address | Emergency | Medical | Insurance

Background

Last Name: Ward

First Name: Bob

SSN:

ID:

Grade: Freshman

Birth Date: (Format: mm/dd/yyyy)

Sex:

Submit

Cancel

Print

Created: 02/02/2

Modified: 02/03/2






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Under the **Address** tab fill in the following information

- Primary Address (This is your home or permanent address)
 - Address1 (street address)
 - Address2 (apartment number if applicable)
 - City, State, and Zip code
 - Country (i.e. USA or appropriate country for international student athlete)
 - Phone (Home phone in the following format xxx-xxx-xxxx). Do not use parenthesis
 - Cell (student's cell in the following format xxx-xxx-xxxx)
 - Beeper (can leave blank)
- Secondary Address (this is your school address)
 - Address1 (box number on campus)
 - Address2 (not applicable)
 - City, State, Zip (Moravian, PA, 15370)
 - Any other information that is appropriate

When finished, click on the **Submit** button to update the Athlete information database.
Click on the **Emergency** tab.



General	Address	Emergency	Medical	Insurance
Primary		Secondary		 Submit
Address1	<input type="text"/>	Address1	<input type="text"/>	 Cancel
Address2	<input type="text"/>	Address2	<input type="text"/>	
City	<input type="text"/>	City	<input type="text"/>	 Print
State	<input type="text"/>	State	<input type="text"/>	
ZipCode	<input type="text"/>	ZipCode	<input type="text"/>	Created <input type="text" value="02/02/2"/>
Country	<input type="text"/>	Country	<input type="text"/>	
Phone	<input type="text"/>	Phone	<input type="text"/>	Modified <input type="text" value="02/03/2"/>
Cell	<input type="text"/>	Cell	<input type="text"/>	
Beeper	<input type="text"/>	Beeper	<input type="text"/>	
e-Mail	<input type="text"/>	e-Mail	<input type="text"/>	
Password	<input type="text"/>			






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Emergency Contact Information:

- Primary Contact (usually the parent or guardian of the student athlete)
 - Last Name
 - First Name
 - Address1 (Street address)
 - Address2 (apartment address if applicable)
 - City, State, Zip
 - Country (USA, or other appropriate country for international students)
 - Home Phone (xxx-xxx-xxxx in this format)
 - Work Phone (xxx-xxx-xxxx in this format)
 - Cell Phone (xxx-xxx-xxxx in this format)
 - Beeper (can be left black)
 - eMail (Emergency contacts eMail address)
 - Relation (Please choose the relationship to the athlete from the drop down menu)
- Secondary Contact (Any other secondary contact if the primary contact cannot be reached)

When finished, click on the **Submit** button to update the Athlete information database.

Please click on the **Medical** tab.

General	Address	Emergency	Medical	Insurance
Primary		Secondary		
LastName	<input type="text"/>	LastName	<input type="text"/>	
FirstName	<input type="text"/>	FristName	<input type="text"/>	
Address1	<input type="text"/>	Address1	<input type="text"/>	
Address2	<input type="text"/>	Address2	<input type="text"/>	
City	<input type="text"/>	City	<input type="text"/>	
State	<input type="text"/>	State	<input type="text"/>	Print
ZipCode	<input type="text"/>	ZipCode	<input type="text"/>	
Country	<input type="text"/>	Country	<input type="text"/>	Created
Home Phone	<input type="text"/>	Home Phone	<input type="text"/>	<input type="text" value="02/02/2"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>	Modified
Cell	<input type="text"/>	Cell	<input type="text"/>	<input type="text" value="02/03/2"/>
Beeper	<input type="text"/>	Beeper	<input type="text"/>	
eMail	<input type="text"/>	eMail	<input type="text"/>	
Relation	<input type="text" value="Parents"/>	Relation	<input type="text"/>	
<input type="checkbox"/> Signature On File		<input type="checkbox"/> Signature On File		



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Medical Information:

- Alerts (COMPLETE THIS SECTION)
- Immunizations (OPTIONAL, If you complete please use this format [mm/dd/yyyy])
- Medications (COMPLETE THIS SECTION)
- Doctor (Please list the name and phone number of your Primary Care Physician)
Name (i.e. Dr. White)
Phone (xxx-xxx-xxxx)

When finished, click on the **Submit** button to update the Athlete information database.

- Please click on the **Insurance** tab.

General Address Emergency **Medical** Insurance

Alerts

1

2

Immunizations

MMR1	<input type="text"/>	<input checked="" type="checkbox"/>	Hepatitis B2	<input type="text"/>	<input checked="" type="checkbox"/>
MMR2	<input type="text"/>	<input checked="" type="checkbox"/>	Hepatitis B3	<input type="text"/>	<input checked="" type="checkbox"/>
Tetanus	<input type="text"/>	<input checked="" type="checkbox"/>	Meningitis	<input type="text"/>	<input checked="" type="checkbox"/>
PPD	<input type="text"/>	<input checked="" type="checkbox"/>	Varicella	<input type="text"/>	<input checked="" type="checkbox"/>
Hepatitis B1	<input type="text"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input checked="" type="checkbox"/>

Medication

Select Medication:

Advil 20 mg. Tablets

Doctor

Name

Phone

Notes






MORAVIAN COLLEGE ATHLETIC TRAINING HOMELINK ACCESS FOR MEDICAL INFORMATION

Insurance Information (VERY IMPORTANT TO BE COMPLETED):

- Primary Insurance Policy
 - Company (Name of your insurance company)
 - Address1 (Usually a PO Box for insurance company)
 - Address2 (only if appropriate)
 - City, State, Zip
 - Phone (1-xxx-xxx-xxxx in this format)
 - Plan (This is your plan or group code for your insurance policy)
 - Policy (This is your policy number on your insurance card)
- Holder
 - Name (Name of the primary policy holder, usually one of the parents)
ID – DO NOT LEAVE BLANK
DOB (This is the date of birth of the policy holder, Usually one of the parents, mm/dd/yyyy)
– DO NOT LEAVE BLANK
 - Type (Please select the type of insurance policy, i.e. HMO, PPO, POS, etc)
 - See First (in the box please type one of the following)
 - Referral is needed – For those policies that require a referral before treatment
 - Referral is not needed – for those policies that do not require a referral before treatment
 - See First Phone – Please type the phone number of your primary care physician only if referral is needed (xxx-xxx-xxxx in this format)
- Secondary Insurance Policy (Please complete the same information for a second insurance policy held by one of the parents)

When finished with the **Insurance** tab, please click on the **Submit** button to update the Athlete information database.

General	Address	Emergency	Medical	Insurance
Primary		Secondary		
Company	<input type="text"/>	Company	<input type="text"/>	
Address1	<input type="text"/>	Address1	<input type="text"/>	
Address2	<input type="text"/>	Address2	<input type="text"/>	
City	<input type="text"/>	City	<input type="text"/>	Created 02/02/2
State	<input type="text"/>	State	<input type="text"/>	
ZipCode	<input type="text"/>	ZipCode	<input type="text"/>	Modified 02/03/2
Phone	<input type="text"/>	Phone	<input type="text"/>	
Plan	<input type="text"/>	Plan	<input type="text"/>	
Policy	<input type="text"/>	Policy	<input type="text"/>	
Holder		Holder		
Name	<input type="text"/>	Name	<input type="text"/>	
ID	<input type="text"/>	ID	<input type="text"/>	
DOB	<input type="text"/>	DOB	<input type="text"/>	
Type	HMO <input type="button" value="v"/>	Type	<input type="button" value="v"/>	
See First	<input type="text"/>	See First	<input type="text"/>	
See First	<input type="text"/>	See First	<input type="text"/>	
Phone	<input type="text"/>	Phone	<input type="text"/>	



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You should see a screen that tells you that the database was updated successfully.

Next click the **Logout** button in the center of the page.

SportsWare
Injury Tracking Software

Moravian College

Athlete
Robert Ward

Athlete Information

Medical History

Logout

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If you have any trouble accessing or updating your personal medical information within Homelink please do not hesitate to contact the Athletic Training office at bward@moravian.edu.

Thanks for your help in keeping our student athlete medical records up to date.

Bob Ward, MEd, ATC, EMT-P
Head Athletic Trainer
Moravian College
Johnston Hall
1200 Main St.
Bethlehem, PA. 18018
(610) 861-1537
bward@moravian.edu