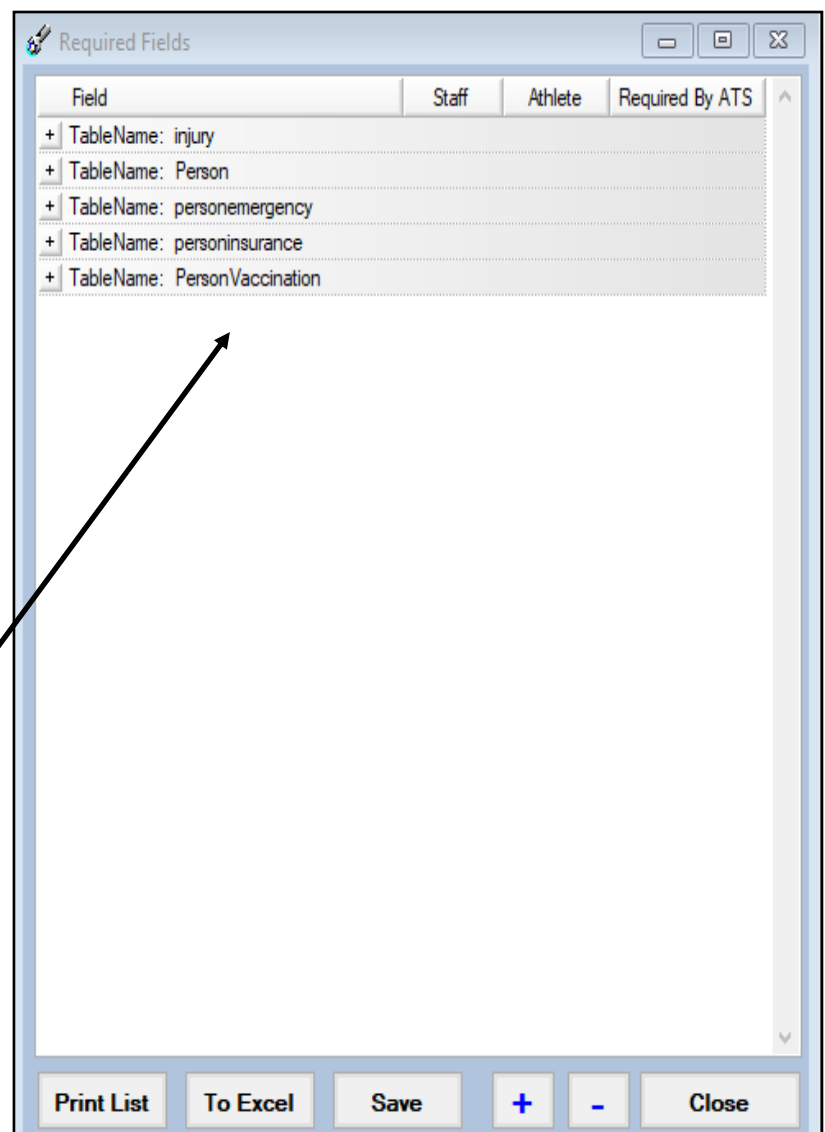
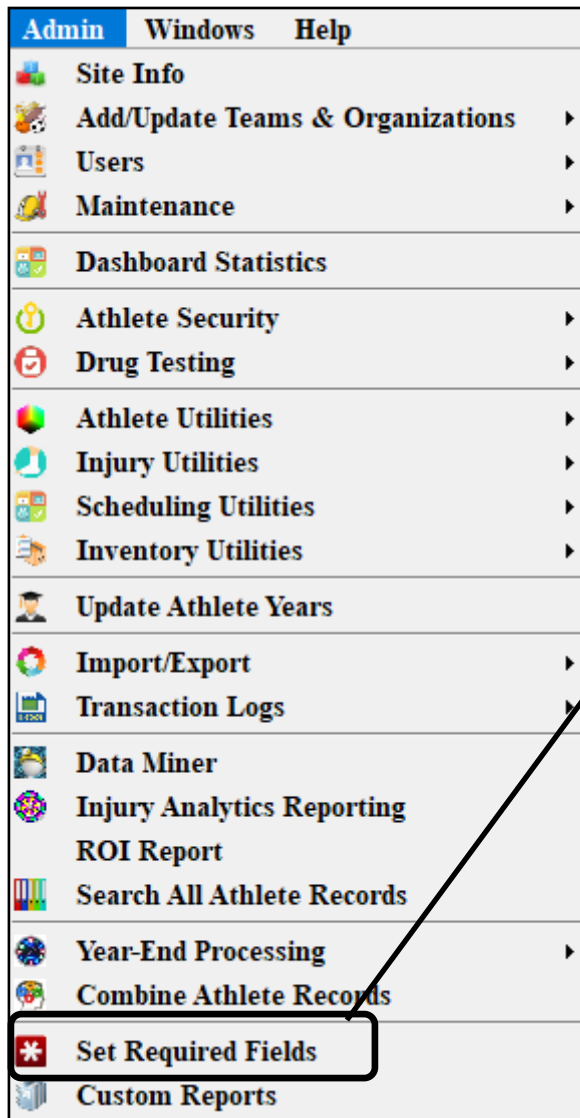


ATS—Setting Required fields for Demographics and Injury Documentation

ATS allows you the customizability and flexibility to set and require specific bits of demographic information as well as injury documentation information, insurance and emergency contacts. You can require these fields to be completed by both athletes and staff; this document will highlight the staff features. For Athlete Portal, see the [Patient Portal](#) Set Up help doc.

To set the required fields select Admin—> Setting Required Fields. That will open up the screen shown below.

There are a few things required by ATS that are already marked (required by ATS cannot be turned off or changed). You are able to set different input requirements between staff and the patients/athletes.



ATS—Setting Required fields for Demographics and Injury Documentation

Injury Documentation:

Once you have the required fields menu open, select the sign next to the area you wish to work with. Once open you will see the areas that you can make required.

A check mark in the box means you are requiring that information be filled out for the AT or Patient/Athlete to save.

The items required by ATS cannot be turned off, they are the minimum information the system needs to create each of the categories.

If the box is blank that area will be optional (white field vs yellow).

Selecting categories does standardize your documentation and information collection across all of the ATS platforms. This will not allow patient/athlete to save a profile, report an injury, update insurance or emergency contact info without satisfying requirements.

If you require any fields for staff, they also will not be able to save unless the fields are satisfied.

Field	Staff	Athlete	Required By ATS
- TableName: injury			
Injury Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Injury Desc/How	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Type/Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Part	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Injury Report Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Report Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Specific Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playing Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury/Illness 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Injury/Illness 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury/Illness 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happened During	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Athlete Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Team/Sport Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Member	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
+ TableName: Person			
+ TableName: personemergency			
+ TableName: personinsurance			
+ TableName: PersonVaccination			

The areas you marked required will appear yellow/tan instead of white indicating that information is required. The injury will not save if all the required areas are not completed.

The screenshot shows a detailed injury report form. The 'Playing Surface' field is highlighted in yellow, indicating it is a required field. Other fields include 'Injury Date', 'Injury Desc/How', 'Event Type/Name', 'Injury Time', 'Mechanism', 'Body Part', 'Injury Report Time', 'Injury Report Date', 'Severity', 'Injury Specific Mechanism', 'Status', 'Playing Surface', 'Injury/Illness 1-3', 'Happened During', 'Insurance Status', 'Side Indicator', 'Athlete Name', 'Team/Sport Name', 'Staff Member', 'Person', 'personemergency', 'personinsurance', and 'PersonVaccination'.

Person/Demographics:

Field	Staff	Athlete	Required By ATS
+ TableName: injury			
- TableName: Person			
Additional Name 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary City	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate City	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Country	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Country	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Person table allows you to set required fields in the athlete demographics area. You can choose different or the same requirements for staff or athletes. This will be required no matter the module used to enter the information.

The areas you have made required will appear yellow/tan. The entry will not be saved until all required areas are completed.

The screenshot shows the 'Athlete' form with various fields. The 'Street' field under 'Custom Addr Name 1' and the 'Cell' field under 'Communications' are highlighted in yellow/tan, indicating they are required. Other fields like 'Country', 'Language', 'Driver #', 'Passport #', 'Alt ID', 'Last Physical', 'Physical Expires', 'Signature on File', 'Employed', 'Marital', 'Race', and 'Ethnicity' are also visible. The form includes tabs for 'Injury', 'Notes/Staff/Mag', 'Medical History', 'General', 'eFiles & Docs', 'Additional Info', and 'Strength'. A 'Card View' button is also present.

Emergency Contacts:

Field	Staff	Athlete	Required By ATS
Table Name: injury			
Table Name: Person			
Table Name: personemergency			
Contact Text#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Cell#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contact Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Work#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Zipcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Sort Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Name: personinsurance			
Table Name: PersonVaccination			

The emergency contact area can be customized as well, allowing you to collect the information your organization needs. Again, you can choose different or the same requirements for staff or athletes.

The areas you have marked required will be a tan/yellow. The entry will not save until all required areas have been completed.

Athlete Insurance:

Field	Staff	Athlete	Required By ATS
+ TableName: injury			
+ TableName: Person			
+ TableName: personemergency			
- TableName: personinsurance			
CoPayNote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GeneralNote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GroupNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
InsurancePhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Card Back Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Front Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front/Back Card Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payor Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCPName	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCPPhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Plan Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deductable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deductable(Text)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Dob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Holder Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Employer Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can require as much or as little insurance information as you would like. You are also able to require a picture of their card be uploaded prior to saving. Again, you can choose different or the same requirements for staff or athletes.

The areas you have made required will be yellow/tan in color. The entry will not be saved until all areas have been completed.

Vaccination Information:

Field	Staff	Athlete	Required By ATS
Table Name: injury			
Table Name: Person			
Table Name: personemergency			
Table Name: personinsurance			
Table Name: PersonVaccination			
Admin By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rec Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shot 1 Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shot 2 Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Image	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vaccination requirements, were specifically added for COVID-19. This area could be utilized for any vaccination you would like to make as required information to be entered.

This section, unlike the others has no requirements from ATS. With differing rules/regulations and standards throughout, we thought best to have you set your own information.

Athlete - Davis, Crash

Name: Crash Davis (First, Last) | Nickname: | PreferName: | Phone: | Year: Senior | Gender: prefer not to disclose | DOB: 1/14/1998 | Email: joe@kefferdevelopment.com | Age 23

CTP Status: Cleared

Team/Sport/Event: Joe Tech Men Baseball | Status: Active

Vaccination

Vaccine Type	Status	Manufacturer	Lot No	Image
COVID-19	Vaccinated	Pfizer	2222-22	<input type="checkbox"/>
Campus Health	Dr. Miller	1/5/2021		
Tolerated well: No				
Nothing reported currently				
COVID-19	Vaccinated	Pfizer	123456	<input type="checkbox"/>
cvs	pharmacist	7/23/2021		

Record: 1 Of 2

Immunizations

Date: | Immunization Type: | Notes: | Image: | Add Image: | View Image: | Clear Image: | Remove: | Print: |

Kiosk: 10/22/2021 8:49 AM | Portal: 10/29/2021 8:37 AM | Student ID number: 74741