

# HOW TO SUBMIT YOUR MEDICAL INFORMATION ONLINE

We use a software program that was developed for athlete information, but we have expanded that for all students.

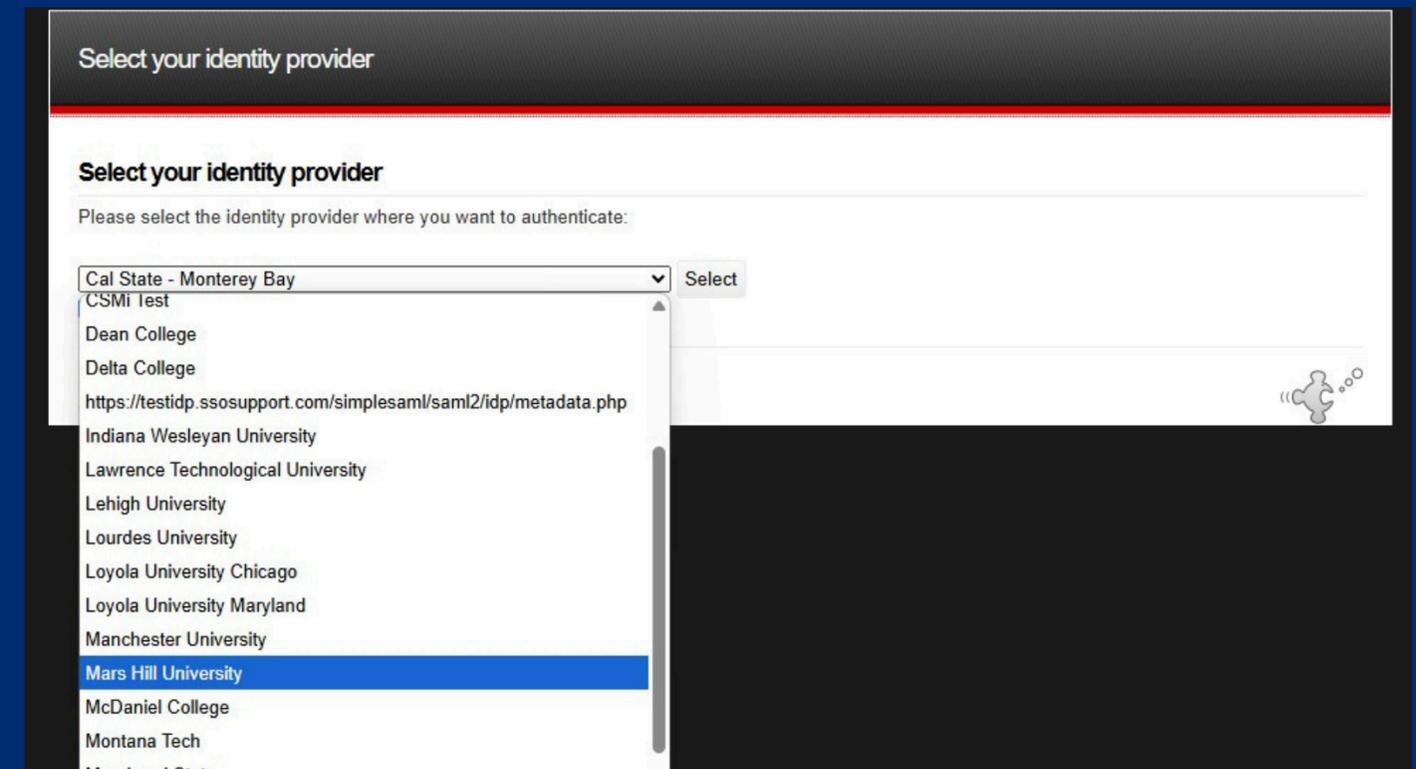
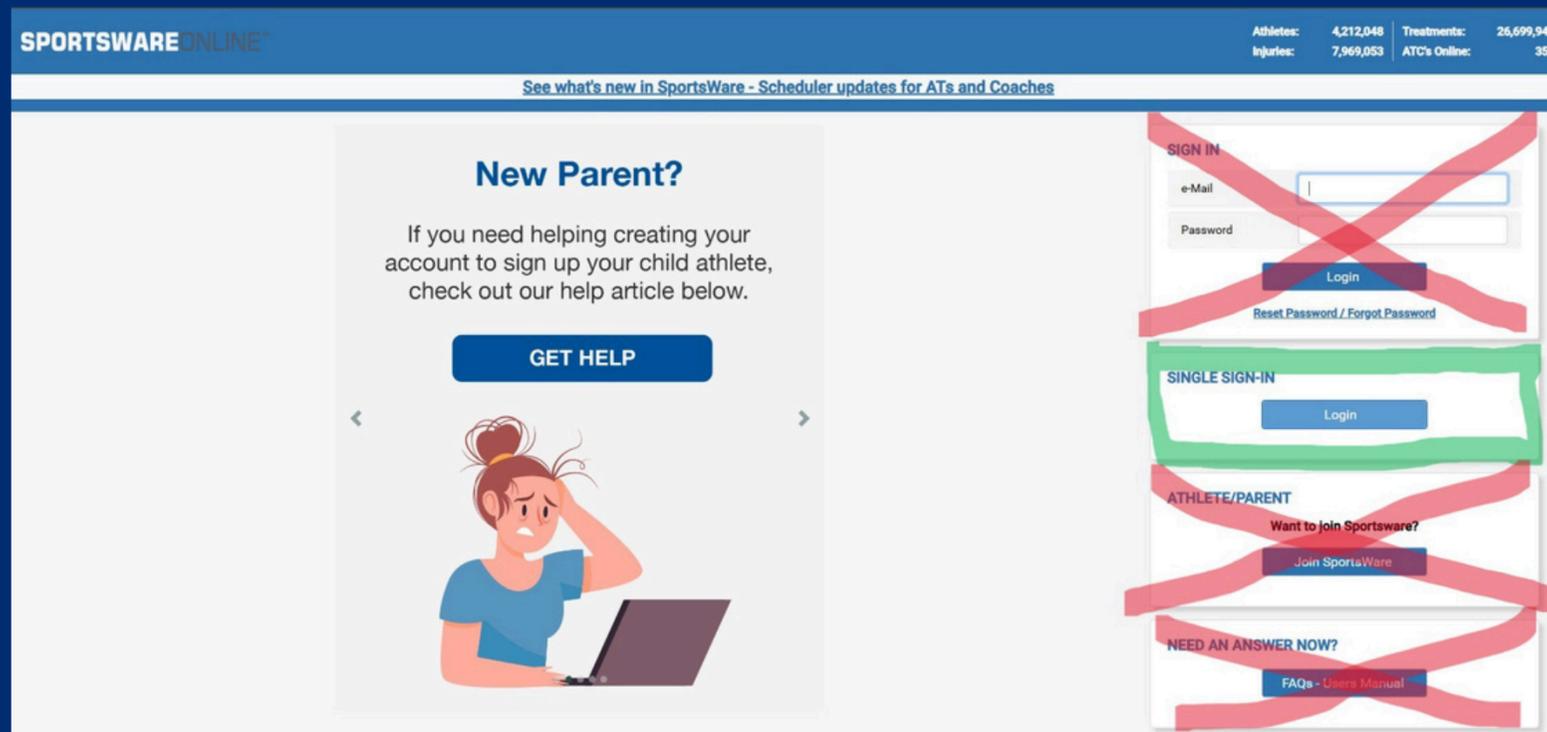
**Even if you are not a student athlete, please continue to use this program to help us process your medical info.**

# 1

## NAVIGATE TO WWW.SWOL123.NET

Go to **Single Sign-On** and click **Login**

Pick **Mars Hill University** from the “**Select your identity provider**” drop-down field



Click “**Remember my choice**”

Use your assigned MHU email as the username and password to sign in

# 2

## CLICK MY INFO ON LEFT MENU

Confirm the pre-filled information

**SPORTSWAREONLINE** Questions?

Athlete: [blacked out]  
Page: Athlete General

Save Cancel

**General** Address Emergency Insurance Medical Paperwork Alerts

**GENERAL**

First Name [blacked out]  
Middle Name [blacked out]  
Last Name [blacked out]  
ID [blacked out]  
SSN [blacked out]  
Grad Class [blacked out] ▾  
Birth Sex [blacked out] ▾  
Gender Identity [blacked out] ▾  
Birth Date [blacked out] 📅

**ATHLETE ONLINE ACCESS**

Online Access e-Mail [blacked out]  
Cell Phone [blacked out]

**SPORTS/GROUP**

Sport 1 [blacked out] ▾  
Sport 2 [ ] ▾  
Sport 3 [ ] ▾  
Current  Sport 1  Sport 2  Sport 3  
Group: MHU Athlete ▾

**SPORTSWAREONLINE**

Athlete: [blacked out]  
Page: Dashboard

**My Info**

Med History

PHQ9

Forms

Print ▾

Logout...

**Enter Social Security Number** if you have one, and **cell phone number** in Athlete Online Access section

# 3

## CLICK ADDRESS TAB AT TOP OF PAGE

The screenshot shows the 'SPORTSWAREONLINE' interface for editing an athlete's address. The page title is 'Athlete: Kelly, Luke' and the current page is 'Athlete Address'. There are 'Save' and 'Cancel' buttons in the top right. A navigation bar includes tabs for 'General', 'Address' (which is selected), 'Emergency', 'Insurance', 'Medical', 'Paperwork', and 'Alerts'. The form is divided into two main sections: 'PRIMARY ADDRESS' and 'SECONDARY ADDRESS'. Each section contains input fields for 'Address', 'Address2', 'City', 'State', 'Zip Code', 'Country', 'Phone', 'Cell', and 'Beeper'. The 'SECONDARY ADDRESS' section also includes an 'E-Mail Address' field. The 'Address' field in the primary address section is highlighted with a blue border.

**Verify your primary address is entered correctly - update if necessary**

Please note, address updates must also be submitted to [admissions@mhu.edu](mailto:admissions@mhu.edu)

# 4

## CLICK EMERGENCY TAB AT TOP OF PAGE

Athlete: \_\_\_\_\_  
Page: Athlete Emergency Contact ✓ Save ✕ Cancel

**General** **Address** **Emergency** Insurance Medical Paperwork Alerts

### PRIMARY CONTACT

First

Last

No  Signature On File

Relationship

Address

Address2

City

State

Zip Code

Country

Home Phone

Work Phone

Cell

Beeper

F-Mail Address

### SECONDARY CONTACT

First

Last

No  Signature On File

Relationship

Address

Address2

City

State

Zip Code

Country

Home Phone

Work Phone

Cell

Beeper

F-Mail Address

**Enter primary contact fields (ALL fields)**  
Secondary contact information is optional

# 5

# CLICK INSURANCE

Athlete: ✓ Save ✕ Cancel  
Page: Athlete Insurance

General Address Emergency **Insurance** Medical Paperwork Alerts

### PRIMARY INSURANCE COMPANY

Lookup  
Verify  
Company   
Address   
Address2   
City   
State   
Zip Code   
Phone   
Billing ID   
**Policy Holder**  
Last Name   
First Name   
Middle Initial   
Address   
Address2

### SECONDARY INSURANCE COMPANY

Lookup  
Company   
Address   
Address2   
City   
State   
Zip Code   
Phone   
Billing ID   
**Policy Holder**  
Last Name   
First Name   
Middle Initial   
Address   
Address2   
City

**If you have insurance, complete the Primary Insurance Company section**

If you DO NOT have primary insurance, enter the phrase “NO OTHER INSURANCE” in the company field. If you have medicaid from a state other than NC or TriCare, type “No Other Insurance” in this field.

Phone

### Insurance Card

Upload Insurance Card  Choose File No file chosen

Front: Not Uploaded + Add

Back: Not Uploaded + Add

### Insurance Card

Upload Insurance Card  Choose File No file chosen

Front: Uploaded \* Open Delete

Back: Uploaded \* Open Delete

**Upload images of the front and back of your insurance card.**

# 6

## CLICK ON MEDICAL TAB

Athlete: Athlete Medical Save Cancel

General Address Emergency Insurance **Medical** Paperwork Alerts

### ALERTS

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### IMMUNIZATIONS

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### DRUGS TAKEN

Medication	<input type="text"/>	<input type="button" value="+ Add"/>
Notes	<input type="text"/>	

### DOCTOR

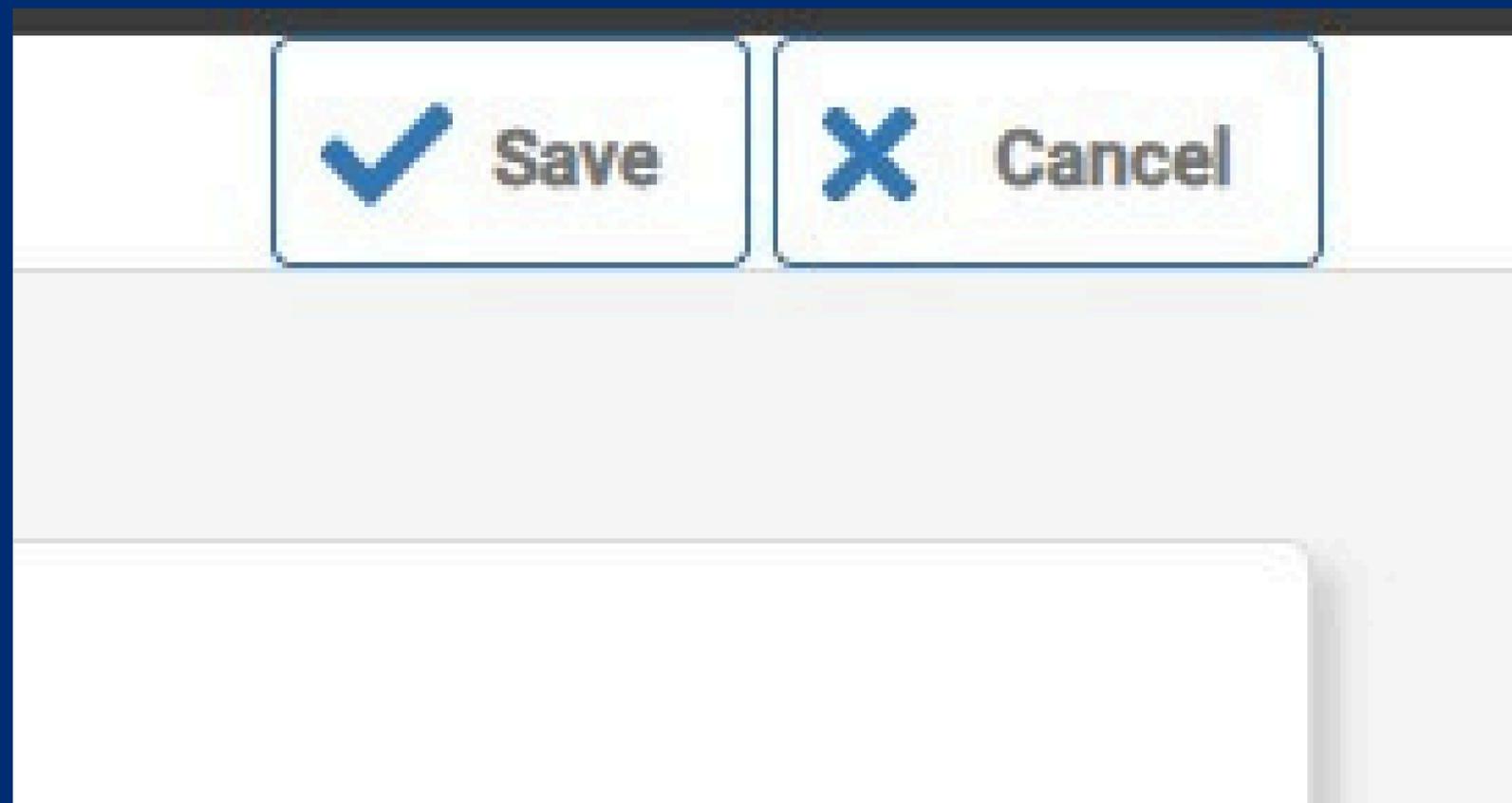
Name	<input type="text"/>
National Provider Identifier (NPI)	<input type="text"/>
	<input type="button" value="Search NPI Registry"/>
Phone	<input type="text"/>

**Alerts section:** choose any of the available allergies/conditions/alerts that you would like to bring to our attention from your medical history

**Drugs Taken Section:** click on drop down It andselect pre-filled medications or click “add” to add any medications not listed

# 7

## CLICK **SAVE** ON THE TOP RIGHT



A list of fields will appear. **Click “OK”** in the top right of the page.



# MED HISTORY ICON IN LEFT MENU

Answer all the items with Yes or No, and add comments if necessary

**SPORTSWARE ONLINE™** Questions?

Athlete: ✓ Save ✕ Cancel  
Page: History General

**GENERAL**

Date   Evaluator Required  Sport

**All items are required to be answered**

Item	Yes/No	Comment
Are you presently under the care of a physician for any medical reason in which you need a medical release from that physician?	<input type="text"/> ▼	<input type="text"/>
When was your last physical exam?	<input type="text"/> ▼	<input type="text"/>
Have you ever been advised by a physician not to participate in any athletic sports or physical activity? If yes, explain.	<input type="text"/> ▼	<input type="text"/>
Do you/your family have a history of hypertension, cardiovascular, neurological, or respiratory disease, tuberculosis, cancer?	<input type="text"/> ▼	<input type="text"/>
Do you/your family have a history of genetic, blood, or clotting disorders, diabetes mellitus, or sudden death before age 50?	<input type="text"/> ▼	<input type="text"/>
Have you ever had chest pain during or after exercise?	<input type="text"/> ▼	<input type="text"/>
Have you ever passed out or fainted during or after exercise?	<input type="text"/> ▼	<input type="text"/>

# 9A

# FORMS ICON ON LEFT MENU

Select the form by clicking on it, click the open button  
Complete all the fillable elements of the form

**SPORTSWAREONLINE™** Questions?

Athlete: ✓ Save ✗ Cancel  
Page: Athlete Attachments

**ATTACHMENTS** + Add ✍ Open - Delete  
 Include Obsolete Attachments

	Title	Date Uploaded	Required	Obsolete	Signed By	Date Signed	Status
Select	Acknowledgement of NC Immunization Requirements for Colleges and Universities		Required	Current			NOT STARTED
Select	Insurance Supplemental Questions		Required	Current			NOT STARTED
Select	North Carolina Tuberculosis Screening Form (New Students Only)		Required	Current			NOT STARTED
Select	MHU Statement of No Other Insurance (Only For Students Without Insurance)		Required	Current			NOT STARTED
Select	MHU Release Medical Information-Permission to Tx		Required	Current			NOT STARTED
Select	Acknowledgement of Risk		Required	Current			NOT STARTED
Select	MHU Student Athlete Concussion Statement		Required	Current			NOT STARTED
Select	MHU Drug Education and Screening Program		Required	Current			NOT STARTED
Select	Helmet Safety Statement (Football and Men's Lacrosse Only)		Required	Current			NOT STARTED
Select	Under 18 Statement		Required	Current			NOT STARTED

Page size: 20 12 items in 1 pages

**SPORTSWARE**

✗ Athlete: Page: Dashboard

My Info

Med History

PHQ9

**Forms**

Print

Logout...

(continue to next page)

# 9B

## FORMS ICON CONT.

Click Save/Validate

Click Continue to Signing

Electronic Signature Enter all fields

Click Yes acknowledge

Click Sign & Submit



- Fill out **Under 18 Form** (only for those students under 18 on today's date)
- Sign **Release of Med Info and Permission to Treat form**
- Complete the **TB screening form**
- Read and sign acknowledgement of **NC Immunization requirements**
- Click **add**, upload immunization records file, **name the file "Your Initials VR"** and **click OK to upload**, after it shows in the listing, **click SAVE at the top**
- **Complete Statement of No Insurance form**, only if you have no other insurance