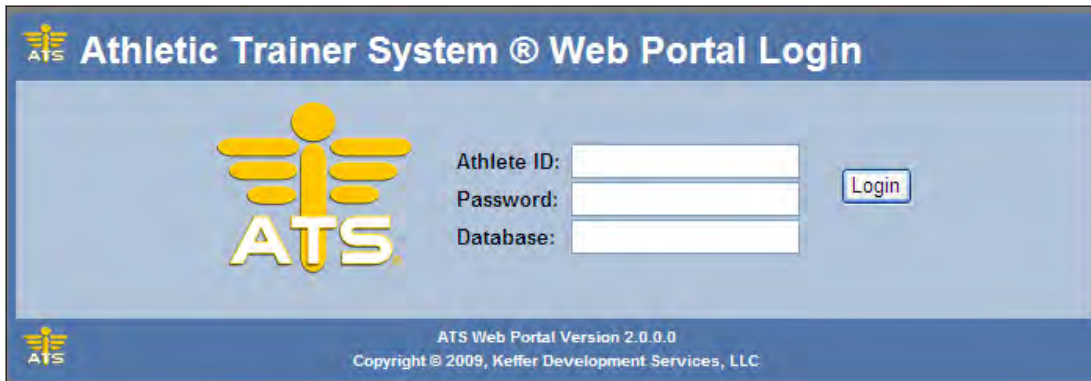



ATS Web Portal – Overview

Security is an important part of the ATS Suite. Below is the login screen for the ATS Web Portal.



Athletic Trainer System ® Web Portal Login

 Athlete ID:

Password:

Database:

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Enter your

- **User name**
- **Password**
- **Database name**

Click “Login”

ATS Web Portal – Overview

Choose your activity from the menu shown here:

Note: Only those options used by your school or organization will be shown.



Click this icon to logout

Update your information

Report an injury

Check appointments

Check scheduled rehabs

Download or submit forms

Check scheduled modalities



Clicking on this icon will return you to the menu from any of the other screens.

Use the screen shown here to update your demographic, contact and medical information.

A screenshot of a web form titled "Athlete Information". The form has a blue header with the title and a navigation bar with tabs: "General", "Medical History", "Immunizations", "Insurance", "Contacts", "Pre-participation", and "Athlete Forms". The "General" tab is selected. The form contains several fields with labels and values: Name (Charlotte Anderson), Gender (Female), DOB (3/7/1986), Phone (111-555-1116), Cell (222-555-1115), Email (patrick@kefferdevelopment.com), Text Address (5552223333@vtext.com), Primary Address (165 Park Drive), City (Grove City), State/Province (PA), Zip Code (16127), Country (United States), Additional Address (test something good), and City (that place). A red asterisk indicates required fields. A note at the top says "* Items required to be filled out." A vertical line is drawn through the form, and a box points to the "Immunizations", "Insurance", and "Emergency contact" tabs.

Immunizations, Insurance information and Emergency contact information are entered by clicking on one of these tabs.

ATS Web Portal – Overview

Below are the tabs used to update your medical history and immunizations.



Medical History

Please answer the questions below and edit or insert any surgeries you may have had. You must click save at the bottom for changes to take affect.

| Action | Details | Hospital Info |
|---|--|--|
| New | Surgery Date: Body Part: Therapy Done: | Procedure: Doctor: Location: |
| Edit Delete | Surgery Date: 01/08/2009 Body Part: Abdomen Therapy Done: 05/18/2009 | Procedure: Appendix Doctor: Anderson Location: County General |
| Edit Delete | Surgery Date: 12/01/1988 Body Part: Abdomen Therapy Done: 01/01/1900 | Procedure: Surgey Doctor: Jones Location: Children Hosp, Phill |

Medical Questions

For new profiles the answers default to No. Please read all questions and click Yes to those that apply.

| Question | Applies | Family | OtherInfo |
|--|--|--------------------------|-----------|
| Do you have Asthma? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="checkbox"/> | |
| Have you developed heart trouble/murmer? | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> | |
| Have you fainted during exercise? | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> | |
| Have you ever had a concussion? | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> | |

Medical History

Immunizations

Immunizations

Please click the appropriate operation next to the row when working with immunization information. Click Save next to the row you are editing when finished.

| Action | Date | Type | Note |
|---|------------|-------------|------|
| New | | | |
| Edit Delete | 08/01/2008 | Hepatitis B | |
| Edit Delete | 11/06/2008 | DPT | |
| Edit Delete | 12/31/2007 | Tetanus | |

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ATS Web Portal – Overview

Below are the tabs used to update your insurance information and Emergency contacts.



| Action | Plan Info | Policy Holder & Physician |
|-------------|---|---|
| New | Co. Name: <input type="text"/> Ins. Type: <input type="text"/> Co. Phone: <input type="text"/> Plan: <input type="text"/> Plan Type: <input type="text"/> CoPay: <input type="text"/> Co. ID #: <input type="text"/> Group #: <input type="text"/> | Name: <input type="text"/> DOB: <input type="text"/> SSN: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/> Note: <input type="text"/> |
| Edit Delete | Co. Name: Third Party Insurance Company II Ins. Type: Dental Co. Phone: 111-111-1111 Plan: <input type="text"/> Plan Type: <input type="text"/> CoPay: <input type="text"/> Co. ID #: 222 Group #: sfsadf | Name: <input type="text"/> DOB: <input type="text"/> SSN: <input type="text"/> Name: Me Phone: <input type="text"/> Note: <input type="text"/> |
| Edit Delete | Co. Name: All-n-One Insurance - Muddville, PA Ins. Type: Dental Co. Phone: <input type="text"/> Plan: <input type="text"/> Plan Type: <input type="text"/> CoPay: <input type="text"/> Co. ID #: 1234 Group #: <input type="text"/> | Name: Dad Charlotte DOB: 8/12/2009 SSN: 444-22-4444 Name: <input type="text"/> |
| Edit Delete | Co. Name: The Other Insurance Ins. Type: Dental Co. Phone: <input type="text"/> Plan: <input type="text"/> Plan Type: <input type="text"/> | |

Insurance

Emergency Contacts

| Action | Info | Phone #s | Note |
|-------------|---|---|--------------------------------------|
| New | Name: <input type="text"/> Relation: <input type="text"/> Email: <input type="text"/> | Primary: <input type="text"/> Cell: <input type="text"/> Work: <input type="text"/> | |
| Edit Delete | Name: Tom Anderson Relation: Dad Email: tom@kefferdevelopment.com | Primary: (123) 412-3412 Cell: (123) 444-4444 Work: (234) 333-3333 | 123 Main Street Grove City, PA 16127 |
| Edit Delete | Name: Sharon Anderson Relation: Mom Email: <input type="text"/> | Primary: (123) 333-2222 Cell: (222) 333-4444 Work: (234) 223-4234 | 323 Main Street Grove City, PA 16127 |
| Edit Delete | Name: Joe Anderson Relation: Brother Email: <input type="text"/> | Primary: 123-123-1234 Cell: <input type="text"/> Work: <input type="text"/> | |

Below are the tabs used to update your insurance information and Emergency contacts.



Athlete Information

General | Medical History | Immunizations | Insurance | Contacts | Pre-participation | **Athlete Forms**

Athlete Forms

Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.
* Items required to be filled out.

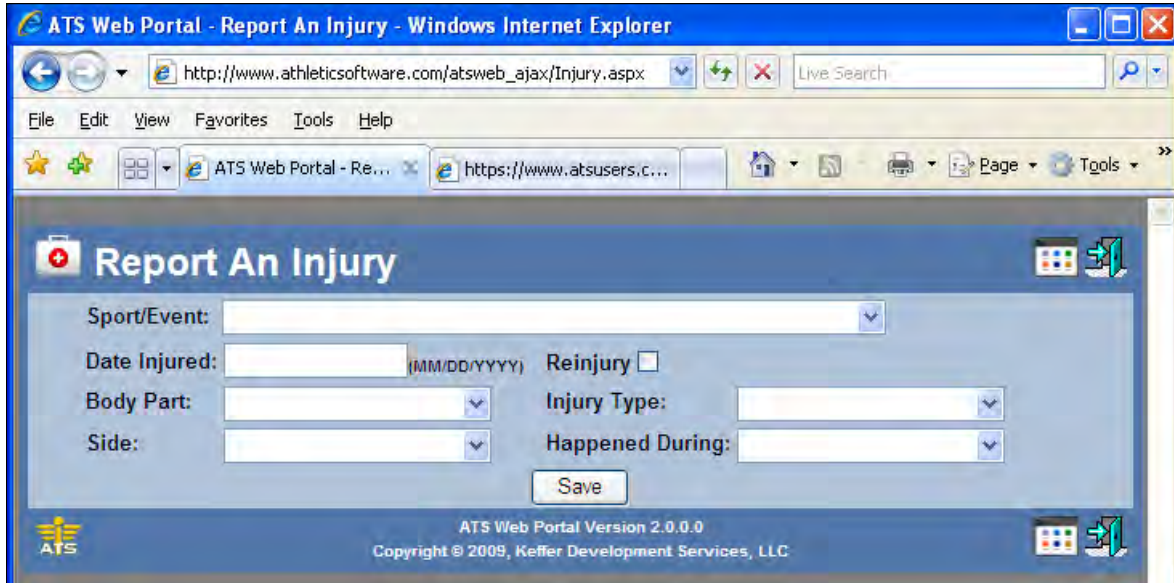
Form Name: Pre-Participation [v] [New] [Save] [Delete] [Print/View]
Date: 4/14/2010 3:21:06 PM [v]

| Question | Yes/No-Range | Explanation |
|---|---|----------------|
| Personal History | | |
| The following questions ask for information regarding your personal background | | |
| What is your primary sport? * | | Soccer [v] |
| Have you participated in other sports in the past (including competitively)? * | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| What is your ethnic origin? * | | White [v] |
| Do you have any religious convictions that could affect your medical treatment? * | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| What is the date of your last physical? * | | 07/01/2009 [v] |

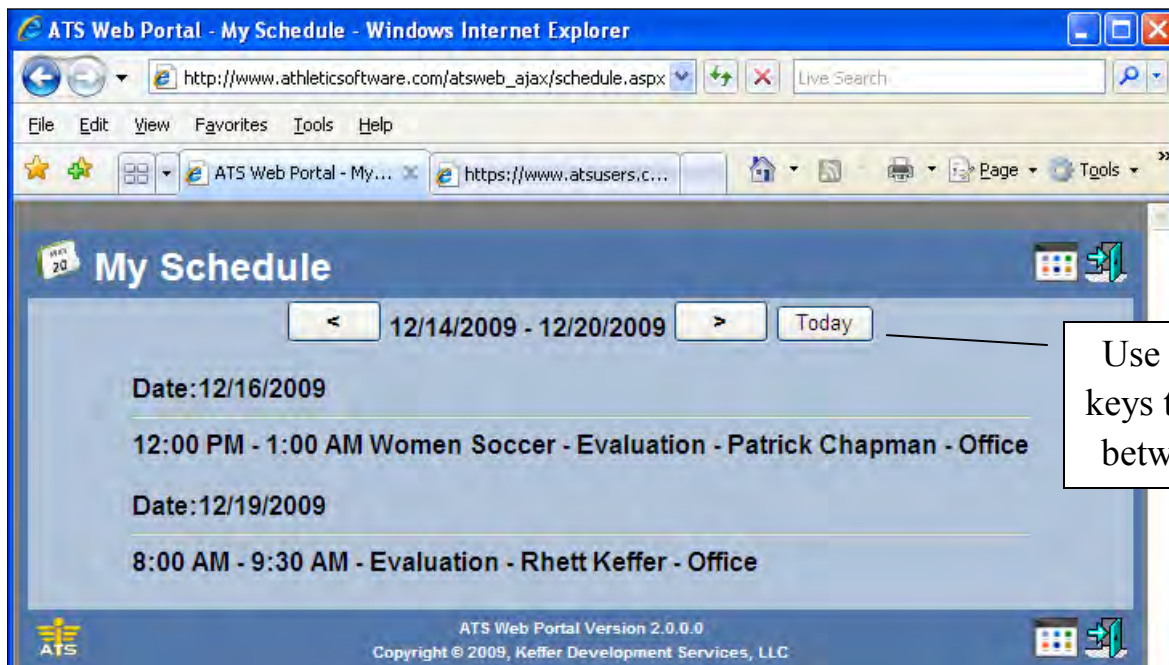
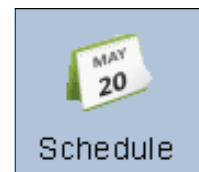
Pre-Participation & Athlete Forms

ATS Web Portal – Overview

Use the screen shown here to report an injury.

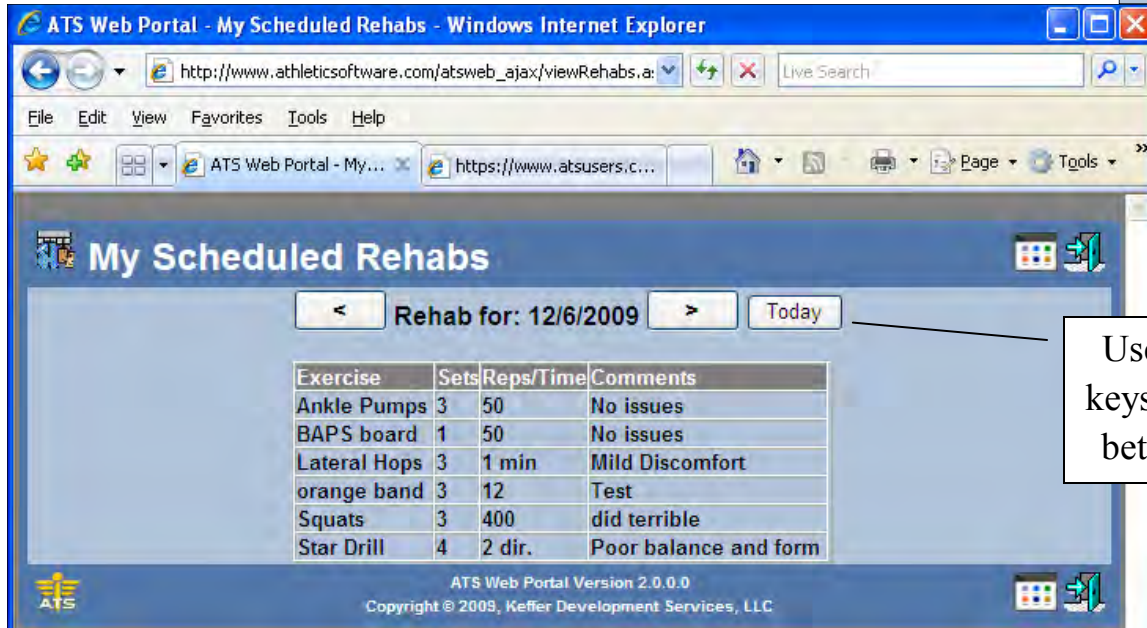


Use the screen shown here check scheduled rehab sessions or team events



ATS Web Portal – Overview

Use the screen shown here check scheduled rehabs



ATS Web Portal - My Scheduled Rehabs - Windows Internet Explorer

http://www.athleticsoftware.com/atsweb_ajax/viewRehabs.a...

File Edit View Favorites Tools Help

ATS Web Portal - My... x https://www.atsusers.c...

My Scheduled Rehabs

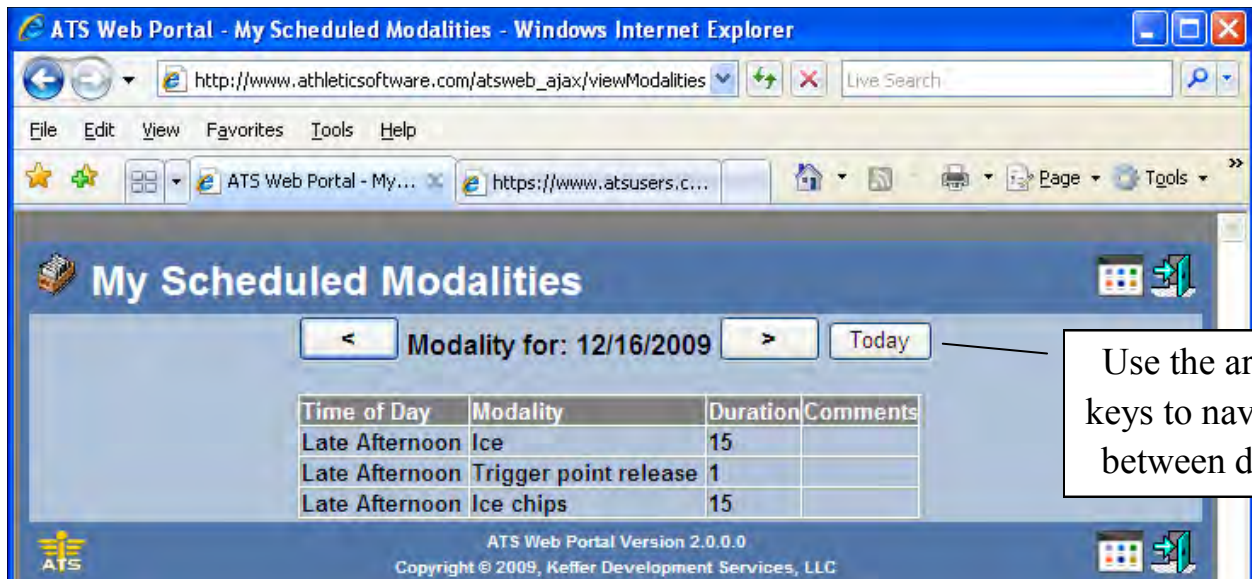
< Rehab for: 12/6/2009 > Today

| Exercise | Sets | Reps/Time | Comments |
|--------------|------|-----------|-----------------------|
| Ankle Pumps | 3 | 50 | No issues |
| BAPS board | 1 | 50 | No issues |
| Lateral Hops | 3 | 1 min | Mild Discomfort |
| orange band | 3 | 12 | Test |
| Squats | 3 | 400 | did terrible |
| Star Drill | 4 | 2 dir. | Poor balance and form |

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Use the arrow keys to navigate between days.

Use the screen shown here check scheduled modalities



ATS Web Portal - My Scheduled Modalities - Windows Internet Explorer

http://www.athleticsoftware.com/atsweb_ajax/viewModalities

File Edit View Favorites Tools Help

ATS Web Portal - My... x https://www.atsusers.c...

My Scheduled Modalities

< Modality for: 12/16/2009 > Today

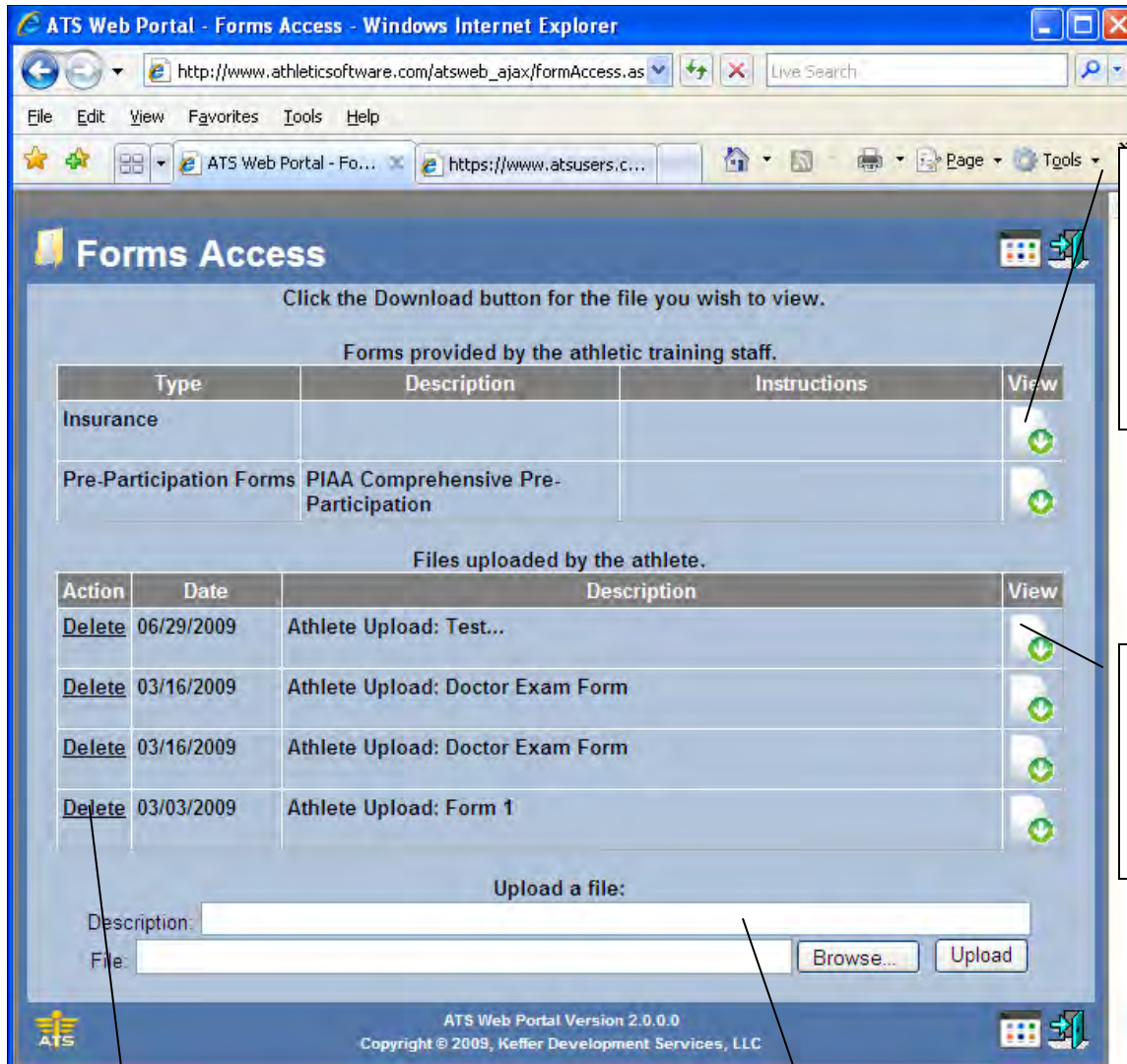
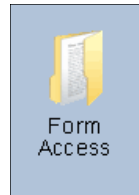
| Time of Day | Modality | Duration | Comments |
|----------------|-----------------------|----------|----------|
| Late Afternoon | Ice | 15 | |
| Late Afternoon | Trigger point release | 1 | |
| Late Afternoon | Ice chips | 15 | |

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Use the arrow keys to navigate between days.

ATS Web Portal – Overview

Use the screen shown here
download and submit forms

A screenshot of a web browser window titled "ATS Web Portal - Forms Access - Windows Internet Explorer". The address bar shows "http://www.athleticsoftware.com/atsweb_ajax/formAccess.as". The page content includes a header "Forms Access" and a sub-header "Forms provided by the athletic training staff." Below this is a table with columns "Type", "Description", "Instructions", and "View". The table lists "Insurance" and "Pre-Participation Forms". Below that is a section "Files uploaded by the athlete." with a table containing columns "Action", "Date", "Description", and "View". The "Action" column contains "Delete" links. At the bottom, there is an "Upload a file:" section with input fields for "Description:" and "File:", and "Browse..." and "Upload" buttons. The footer contains "ATS Web Portal Version 2.0.0.0" and "Copyright © 2009, Keffer Development Services, LLC".

Click the form icon to download the applicable form

Click the form icon to download a form you previously submitted

Click "Delete" beside a form you previously submitted to remove it from your records

To submit a form; enter the form description here, then click on the "browse" button to locate the file on your computer. Click "upload" to attach the file to your records.