

**ATHLETIC TRAINING EDUCATION PROGRAM  
PHYSICAL EXAM  
MEDICAL HISTORY AND EXAMINATION FORM**

**I. MEDICAL HISTORY**

*MEDICAL HISTORY MUST BE COMPLETED BY THE APPLICANT AND SIGNED BEFORE VISITING THE EXAMINING PHYSICIAN*

***PLEASE TYPE OR PRINT IN INK***

1. NAME: \_\_\_\_\_  
*Last*
*First*

2. DATE OF BIRTH: \_\_\_\_\_ 3. SEX:  Male  Female  
*Month/Day/Year*

4. Indicate "YES" or "NO". "YES" answers MUST be explained in the space provided (If you need more room please continue below).

	YES	NO	EXPLANATION
(a) Have you ever had any significant or serious illness(es) or injuries? (State nature of problems/places/dates.)			
(b) Have you ever had any operations or been advised by a physician to have an operation? (Describe and give places/dates.)			
(c) Have you ever been a patient in a mental hospital or treated by a psychiatrist? (Give places/dates.)			
(d) Do you currently take medication for treatment of a medical condition (list name/dose) or do you require the use of a medical device?			

5. Additional space for question 4.

6. Do you now have or have you ever had any of the conditions listed below? (Check "YES" or "NO" for each Item.)

	YES	NO	CHECK EACH ITEM	YES	NO
(a) Epilepsy, convulsions, fits.			(m) Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.).		
(b) Eye disease, vision defect in one or both eyes.					
(c) Tooth or gum disease (periodontal disease).			(n) Depression, anxiety, attempted suicide or other psychological symptoms.		
(d) Asthma, emphysema, or other lung conditions.					
(e) Tuberculosis or exposure to tuberculosis.			(o) Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives.		
(f) High/low blood pressure, heart disease.					
(g) Stomach, liver (hepatitis), gallbladder disease.			(p) Substance abuse.		
(h) Hernia.			(q) Bleeding disorder, blood disease, sickle cell anemia.		
(i) Kidney or bladder condition, stone or blood.			(r) Tumor, abnormal growth, cyst, or cancer.		
(j) Diabetes, sugar in the urine.			(s) Skin disorder growths psoriasis.		
(k) Joint disease or injury, swollen or painful joints.			(t) Gynecological disease/abnormal menses.		
(l) Back pain, or spinal condition, use of back brace.			(u) Hearing impairment.		

7. If you answered "YES" to any item in Question 6, please explain in detail (include dates of occurrence, treatment, and outcome):

I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge.

I understand that if any of this information is found to be substantially inaccurate or incomplete, it may be grounds for termination in the Athletic Training Education Program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL HISTORY AND EXAMINATION FORM

**II. PHYSICAL EXAMINATION FORM**

*THIS PHYSICAL EXAMINATION FORM MUST BE COMPLETED IN ENGLISH BY A DESIGNATED AND QUALIFIED PHYSICIAN AFTER REVIEWING THE EXAMINEE'S MEDICAL HISTORY (PART I), CONDUCTING A PHYSICAL EXAMINATION, AND REVIEWING THE TECHNICAL STANDARDS FORM AND IMMUNIZATION RECORDS. THE EXAMINING PHYSICIAN MUST COMMENT ON ALL POSITIVE AND/OR SIGNIFICANT FINDINGS AND SIGN WHERE INDICATED.*

**PLEASE TYPE OR PRINT IN INK**

1. HEIGHT: \_\_\_\_\_  
*in*

2. WEIGHT: \_\_\_\_\_  
*lb*

3. BLOOD PRESSURE: \_\_\_\_\_

4. PULSE RATE: \_\_\_\_\_

5. CLINICAL EVALUATION: (Please provide an answer to each item. Abnormal findings must be fully explained in the space provided.)

	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS
(a) Head, Nose, Mouth.			
(b) Ears, Hearing Acuity.			
(c) Eyes, Visual Acuity.			
(d) Lungs			
(e) Heart, Rhythm and sounds.			
(f) Abdomen, Hernia, etc.			
(g) Spine and Extremities.			
(h) Skin, Lymph Nodes, Scars.			
(i) Neurological System/Reflexes.			
(j) Emotional Stability.			

6. I have reviewed the technical standards:  Yes  No

7. I have reviewed the immunization records:  Yes  No

Please check one of the boxes below:

I certify that I have examined the student and find **no obvious condition(s)** that would prevent him/her from meeting the physical portion of the *Technical Standards for Admission* to the ATEP Program at Michigan State University.

I certify that I have examined the student and find **an obvious condition(s)** that would prevent him/her from meeting the physical portion of the *Technical Standards for Admission* to the ATEP Program at Michigan State University. I recommend that the student contact the University's Learning Support Services to discuss accommodation options.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



ATHLETIC TRAINING EDUCATIONAL PROGRAM  
TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at Michigan State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the NATABOC certification exam.

**Candidates for selection to the Athletic Training Educational Program must demonstrate:**

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. *sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.*
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. the ability to record the physical examination results and a treatment plan clearly and accurately.
5. the capacity to maintain composure and continue to function well during periods of high stress.
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

**Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.**

The Resource Center for Persons with Disabilities (RCPD) at Michigan State University will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Resource Center for Persons with Disabilities (RCPD) at Michigan State University to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date