

# PHYSICAL EXAMINATION FOR ATHLETIC TRAINING DEGREE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date: \_\_\_\_\_

DO YOU HAVE PROBLEMS WITH ANY OF THE FOLLOWING?					HAVE YOU EVER...			
	YES	NO		YES	NO		YES	NO
EYES			DIABETES			HAD SURGERY		
EARS			MONONUCLEOSIS			HAD A CONCUSSION		
NOSE			HEART MURMUR			HAD A SEIZURE		
THROAT			CHEST PAINS			HAD A HERNIA		
STOMACH			SHORTNESS OF BREATH			HAD RHEUMATIC FEVER		
GI Tract			DIZZINESS/FAINTING			HAD TUBERCULOSIS		
SKIN			CONSTANT FATIGUE			HAD HEAT CRAMPS		
HEART			HIGH BLOOD PRESSURE			HAD HEAT ILLNESS		
LUNGS			FREQUENT HEADACHES			HAD A REACTION TO MEDICINE		
			RECURRENT FEVER					
			SCOLIOSIS					
			ALLERGIES					
			ASTHMA					
			EPILEPSY					
			PARALYSIS					

DO YOU SUFFER FROM ANY PERSISTANT OR CHRONIC ORTHOPAEDIC ISSUES (knee, shoulder, ankle, etc.)?    Y    N

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS?    Y    N

DO YOU HAVE ANY CHRONIC HEALTH CONDITIONS (physical or mental) THAT YOU ANTICIPAE COULD AFFECT YOUR PERFORANCE AND/OR SUCCESS IN AN ACADEMIC AND CLINICAL PROGRAM?    Y    N

**PLEASE PROVIDE DETAILS TO ANY QUESTIONS WHERE YOU ANSWERED YES**

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STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HEIGHT / WEIGHT
Height (In.) _____
Weight (lbs.) _____

BLOOD PRESSURE
Resting Blood Pressure = _____

PHYSICIAN EXAMINATION			
Abnormalities of ...	Yes	No	Physician's Notes:
HEENT			
Ears/Hearing			
Nose			
Dentition / Throat			
NECK			
Thyroid			
Lymph Gland			
HEART			
LUNGS			
ABDOMEN			
SPINE			
SKIN			
NEUROLOGIC			

The Master of Athletic Training degree at Truman State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. Students enrolled in the degree program must demonstrate the following:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts, and problem solve to formulate assessment and therapeutic judgments and 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 physically move equipment, assist in athlete/patient mobility and transfers, perform emergency procedures (e.g. cardiopulmonary resuscitation) and complete other physical tasks associated with the profession of athletic training. The ability to lift 25 pounds is a general guideline.
4. The ability to communicate effectively and sensitively with patients and colleagues, including 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.
5. The ability to record the physical examination results and a treatment plan clearly and accurately.
6. The capacity to maintain composure and continue to function well during periods of high stress.
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.

I feel that, based upon my physical examination, this student is medically capable of performing the above tasks and completing the clinical experiences required by the Truman State University Athletic Training Program.

Physician or Practitioner Signature: \_\_\_\_\_

Physician or Practitioner: (PLEASE PRINT NAME): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Examination \_\_\_\_\_

## ATHLETIC TRAINING IMMUNIZATION RECORD

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Enter the MONTH, Day and YEAR for all vaccines. DO NOT USE (✓) or (✗).**

Please realize that not all the vaccines listed are required for admission to the University or the Athletic Training major.

Type of Vaccine	1 <sup>st</sup> dose Mo/Day/Yr	2 <sup>nd</sup> dose Mo/Day/Yr	3 <sup>rd</sup> dose Mo/Day/Yr	4 <sup>th</sup> dose Mo/Day/Yr	5 <sup>th</sup> dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, TD)					
Tetanus Booster					
Polio					
Measles, Mumps, and Rubella (MMR)					
Measles					
Mumps					
Rubella					
Hepatitis B (Hep B)					
Hepatitis A					
Meningococcal					
TB (Mantoux) Skin Test					