

Illinois State University

Athletic Training Education Program

Procedures for Determining that the Health Status of an Athletic Training Student will permit him or her to meet the Established Technical Standards of the Program

As an athletic training student, you will be providing athletic training services at a variety of clinical sites. The Athletic Training Education Program at Illinois State University has developed guidelines to safeguard the well-being of the athletic training students and the athletes in compliance with the Joint Review Committee on Educational Programs in Athletic Training.

1. Upon acceptance into the Clinical Instruction Practicum of the Athletic Training Education Program, all newly admitted students are required to complete and submit a physical examination performed by a licensed physician. As a portion of this physical examination, the physician must complete the accompanying document to verify vaccination records and the ability of the student to pursue unrestricted performance of athletic training skills and responsibilities or to identify conditions that would place the student at increased risk of injury or illness. The physical examination may be completed by your own personal physician or by University Health Services at Illinois State University.
 - a. Students must comply with the University Health Services Policy on required immunizations and screenings. This should include a tuberculin (TB) skin test. In addition, vaccinations against Hepatitis B (HBV) and tetanus are strongly advised as is the varicella vaccine against chicken pox for those who have not had the disease.
 - b. Athletic training students should be physically capable of performing cardiopulmonary resuscitation (CPR) and basic emergency care procedures.
 - c. Athletic trainers frequently lift and carry loads (coolers, ice chests, spine boards) in the performance of their duties. Students with medical conditions which contraindicate or restrict these activities should notify the athletic training program director. The program director will work with the athletic training student and his or her physician to establish a reasonable, medically prudent plan to protect the health of the student. The athletic training program director will be responsible for advising the clinical instructors and supervisors regarding medically imposed limitations related to the student's performance of restricted athletic training related duties.

Illinois State University does not discriminate against persons with disabilities in its admissions process or the selective admissions process for individual programs. Students with documented disabilities who anticipate special needs with any aspect of the athletic training education program including the clinical instruction practicum are urged to contact the Office for Disability Concerns. The faculty of the athletic training program will cooperate with the Office for Disability Concerns to make reasonable accommodations for students with documented disabilities admitted to the program.

The attached form, the medical history form, and the physical examination form are to be completed by the attending physician who completes the physical examination on behalf of the student.

Technical Standards to be Completed by Attending Physician

I _____ completed a physical health examination of
Printed name of examining physician

_____ on _____
Printed name of athletic training student Date

I. Based upon my examination and the student athletic trainer's record of immunizations:

(initial **one** response)

- _____ This athletic training student is current on required immunizations.
- _____ This athletic training student is **NOT** current on required immunizations.

II. Based upon my examination today and the TB skin test, the athletic training student is free of communicable diseases:

(initial **one** response)

- _____ Yes, this is true
- _____ No; further testing is advised

III. Based upon my examination of this individual:

(initial **one** response)

- _____ This student is physically capable of completing the duties of an athletic training student with no identifiable restrictions.
- _____ This student is physically capable of rendering CPR and emergency care procedures but should observe the restrictions noted below while performing the remaining duties of an athletic training student. (attach additional pages if necessary)
- _____ This student is physically incapable of rendering CPR and emergency care procedures due to a medical condition.

Signature of Examining Physician

Illinois State University

Athletic Training Education Program

Athletic Training Student Medical History and
Physical Health Appraisal Form

Name _____ Date of Exam _____

Date of Birth _____ Age _____ Sex _____

**To be completed by student:
Briefly explain "yes" answers on accompanying sheet**

1. Yes ___ No ___ Have you ever been hospitalized?
2. Yes ___ No ___ Have you ever had surgery?
3. Yes ___ No ___ Are you presently taking any medications?
4. Yes ___ No ___ Do you have any known allergies?
5. Yes ___ No ___ Have you ever had a seizure?
6. When was the date of your last tetanus shot? _____
7. Have you ever had:

___ Mononucleosis	___ Diabetes
___ Hepatitis	___ Asthma
___ Tuberculosis	___ Ulcers
___ Rheumatic Fever	___ Hernia
___ Migraines	___ Anemia

___ Other acute or chronic illnesses not otherwise listed: _____

8. Yes ___ No ___ Have you ever had a neck injury that persisted a week or more?
9. Yes ___ No ___ Have you ever had a shoulder sprain, separation, dislocation?
10. Yes ___ No ___ Have you ever had a wrist sprain, fracture, or other problem?
11. Yes ___ No ___ Have you ever had a back injury or do you suffer from recurrent back pain?
12. Yes ___ No ___ Have you ever had a knee sprain or knee surgery?

Any other orthopedic condition not previously mentioned?

Student Signature _____ Date _____

To be completed by attending physician or qualified health care provider:

Height _____ Weight _____

BP _____ Resting Pulse _____

TB Skin Test Performed on: _____

TB Results: _____ Observed on: _____

Clinical Assessment:

	Normal	Abnormal	Notes
Eyes			
Ears			
Nose & Throat/Oral			
Chest			
Heart			
Abdomen			
Skin			

Males Only:

Hernia Check: Negative: _____ Positive: _____

Orthopedic Assessment: (gross abnormalities or previous history noted)

	Normal	Abnormal	Notes
Cervical			
Shoulders			
Elbow			
Wrist/Hand			
Back			
Hips			
Knees			
Ankle/Foot			

General Comments:

Physician Signature _____ Date _____

Thank you for your assistance in assessing this student for the Illinois State University Athletic Training Education Program.