



## **INFORMATION TO THE PRE-ATHLETIC TRAINING EDUCATION PROGRAM STUDENT**

Although you may obtain your physical examination and immunizations from any licensed physician or State Health Department, it is recommended that you obtain it at the Student Health Center at SIUC if you are currently enrolled as a student of SIUC.

Call 536-2391 or 453-3311 and tell the appointment nurse that you:

1. Need a physical examination to be an athletic training student and
2. You need a TB skin test
3. It was recommended that you have your TB test performed and read before having your physical examination.
4. Will be bringing your physical form.

You will need to fill out pages 3 and 4 to the best of your ability before your appointment.



Dear Doctor:

The individual presenting this form for completion is a Pre-Athletic Training Education Program student at Southern Illinois University Carbondale.

Very soon, this individual may be working closely with recreational and intercollegiate student-athletes and with patients and staff in a clinical setting. For the protection of both the future athletes, patients and students themselves, we require proof of good physical health and proof of current immunizations. We also require proof of a TB test (Mantoux test), performed not earlier than May 1<sup>st</sup> of this year. It is strongly recommended that the student obtains immunization against hepatitis B and receive the meningococcal meningitis vaccine. Each student must comply with the State of Illinois immunization requirements, including tetanus, diphtheria, measles, mumps and polio, for entrance to SIUC.

We require each potential student to undergo a physical examination as a portion of the application process. We ask you to assess the student's ability to perform the following tasks related to Athletic Training:

- a. Lift or assist in lifting patients using proper body mechanics.
- b. Ability to carry up to 100 lbs. with assistance.
- c. See, hear, and respond quickly to patients in emergency situations.
- d. Ability to transport injured patients/athletes to health care facilities.
- e. Ability to stand while covering a practice or contest for a 2-3 hour duration.
- f. Physical ability to assess injured body parts.
- g. Stamina to work in stressful situations.

This information will be placed in the student's active Athletic Training Education Program file.

**PLEASE GIVE THE STUDENT A COPY OF PAGES 3 AND 5.**

Thank you for your cooperation.

Sincerely,

Toby Brooks, PhD, ATC, CSCS, PES, YCS  
Director of Athletic Training Education

Kimberly A. Gray, MS, ATC, CSCS  
Interim Clinical Education Coordinator

**ATHLETIC TRAINING STUDENT MEDICAL EVALUATION**  
**Southern Illinois University Carbondale**  
**Athletic Training Education Program**

*To be completed by the student:*

Name _____	S.S. # _____	Date _____
(Last)	(First) (M.)	
Local Address _____		Home Phone _____
(Street)	(City)	(State)

Name and address of person to contact in an emergency:				
_____				
Name _____				
Street _____	City _____	State _____	Zip _____	Phone Number _____
Name and address of examining physician				
_____				
Name _____				
Street _____	City _____	State _____	Zip _____	Phone Number _____

**VACCINATIONS/TESTS**

Please indicate below if and when you have had the following vaccinations/tests.

	Month/Year
1. PPD (TB skin test)	
2. Hepatitis B – 1	
Hepatitis B – 2	
Hepatitis B – 3	

**NOTE:** It is suggested that you discuss receiving the meningococcal meningitis vaccine with your healthcare provider. You must comply with the State of Illinois immunization requirements: tetanus, diphtheria, measles, mumps and polio for entrance to SIUC.

To my knowledge I have no medical condition that would be aggravated by my presence in the SIUC Athletic Training Education Program nor do I have a malady that would be deleterious to the patients I treat.

**I understand that it is my responsibility to return a completed copy of pages 3 and 5 to:**

Program Director, Athletic Training Education Program  
 Department of Kinesiology, Mailcode 4310  
 Southern Illinois University Carbondale  
 Carbondale, IL 62901-4310

With my signature below, I hereby attest that this document is accurate and true to the best of my knowledge.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

NAME: \_\_\_\_\_  
Last First (M.)

**PERSONAL HEALTH HISTORY**

Check **only** if they apply to you. Explain details or abnormal results below.

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| Asthma – Allergy _____             | Prosthesis & Sensory Aids, such as: |
| Backache or Injury _____           | Glasses _____                       |
| Diabetes _____                     | Contact Lenses _____                |
| Fainting Spells or Blackouts _____ | Artificial Limb _____               |
| Heart Trouble _____                | Hearing Aid _____                   |
| Hepatitis _____                    |                                     |
| High Blood Pressure _____          |                                     |
| Immunosuppressed _____             |                                     |
| Migraine Headaches _____           |                                     |
| Seizures or Convulsions _____      |                                     |
| Skeletal Deformity _____           |                                     |

List all prescription and/or non-prescription medications currently in use. List the purpose for the use of each.

**THIS PAGE MUST NOT BE RETURNED TO THE PROGRAM DIRECTOR BUT IS FOR THE BENEFIT OF THE EXAMINING PHYSICIAN**

**MEDICAL EVALUATION**

*(to be completed by the examining physician)*

Candidates for selection to the SIUC Athletic Training Education Program must demonstrate:

- a. 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.
- b. 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 athletes or patients.
- c. 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 treatments information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
- d. the ability to record the physical examination results and a treatment plan clearly and accurately.
- e. the capacity to maintain composure and continue to function well during periods of high stress.
- f. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
- g. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- h. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Please use this space to comment or explain any abnormal history or physical findings and to indicate how this will affect the ability to provide patient care or affect professional behavior. Also, please explain which technical ability(ies) the student may have difficulty performing.

I have evaluated the medical status of ( \_\_\_\_\_ )  
Patient's name

and there are ( ) are no ( ) medical conditions that would place this individual at risk if he/she enters into the Athletic Training Education Program.

This individual has received vaccinations and tests as indicated above.

Comments:

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\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)