



**\_\_\_\_\_ University/Athletic Training Education Program  
Pre-participation Medical Examination History**

*Prior to admission, the student must submit to the program director of the athletic training education program a completed health evaluation (physical examination) by either a MD or a DO. This evaluation must include areas specified by the programs technical standards. In addition, the health evaluation must document the students' immunizations history recommended by the Center for Disease Control for health care workers. **You will be asked to do physical activities and will be submitted to stressful situation** :*

<u>Explain "Yes" Answers</u>	<u>Yes</u>	<u>No</u>
1. Have you ever been hospitalized/have you ever had surgery? _____	_____	_____
2. Are you presently taking any medication or pills? _____	_____	_____
3. Do you have any allergies (medications, food, insects...)? _____	_____	_____
4. Have you passed out during or after exercise? _____	_____	_____
a. Have you ever had chest pain during or after exercise? _____	_____	_____
b. Have you ever had high blood pressure? _____	_____	_____
c. Have you been told that you have a heart murmur? _____	_____	_____
d. Does your heart "race" or "skip a beat"? _____	_____	_____
e. Family member died of heart problems before the age of 50? _____	_____	_____
5. Do you have skin problems (itching, rashes)? _____	_____	_____
6. Have you ever had a head injury? _____	_____	_____
7. Have you had heat problems or cramps? _____	_____	_____
8. Do you have trouble breathing (cough during or after exercise)? _____	_____	_____
9. Do you use any special equipment (braces...)? _____	_____	_____
10. Have you had problems with your eyes or vision? Do you wear glasses, contacts or protective eye wear? _____	_____	_____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? _____	_____	_____
12. Have you had any other medical problems (mono, diabetes, etc.)? _____	_____	_____
13. Please provide the date of you most recent shot:		
i. Tetanus _____		
ii. Measles _____		
iii. Mumps _____		
iv. Rubella _____		
v. Diphtheria. _____		
vi. Hepatitis B _____		
14. Do you have menstrual cycle irregularities? _____		
15. Are you able to perform all the <b>technical standards</b> and tasks required of a student athletic trainer?		
o Candidates must be able to actively learn from observations, demonstrations, and experiments in the basic sciences.		
o Candidates must be able to learn to analyze, synthesize, solve problems and reach assessment and therapeutic judgment distinguished from the norm.		
o Candidates must have sufficient sensory function and coordination to perform appropriate physical examination using acceptable techniques.		
o Candidates must be able to relate effectively to athletes and the physically active and to establish sensitive, professional relationships with them.		
o Candidates are expected to be able to communicate the results of the assessment to the injured or ill exerciser, to responsible officials, to parents or guardians and to colleagues with accuracy, clarity and efficiency		
o Candidates are expected to learn and perform routine prevention, assessment, emergency care and therapeutic procedures.		
o Candidates are expected to be able to display good judgment in the assessment and treatment of injured or ill athletes and physically active individuals.		
o Candidates must be able to learn to respond with precise, quick and appropriate action in emergency situations.		
o Candidates are expected to be able to accept criticism and respond by appropriate modification of behavior.		
o Candidates are expected to possess the perseverance, diligence and consistency to complete the athletic training curriculum, to attempt NATABOC certification within the year of program completion and enter the practice of athletic training.		
Special Explanation area: <i>(Use a separate sheet of paper if needed)</i>	_____ (Yes)	_____ (No)

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.  
Signature of Athletic Training Student: \_\_\_\_\_ Date: \_\_\_\_\_