

William Paterson University Athletic Training Education Program
Applicant Standard Physical Examination

Name: _____ BANNER# _____ Date of Birth _____ Date _____

Please note that this physical examination information will be confidential. Only the Athletic Training Education Program faculty and staff will have access to this information. This document will remain in the applicant's files in the Program Director's office.

Medical History (Please fill out the following information. Do not leave items blank. If an item does not pertain to you, write "N/A" or "None.")

Please note any allergies that you may have:

Insect stings _____ Bleach _____ Iodine _____ Alcohol _____ Tape _____ Prewrap _____ Tape Adherent _____ Latex _____

Medications (list) _____

Food (list) _____

Other (list) _____

Do you require glasses or contact lenses for vision correction? _____ If yes, which do you wear? _____

Do you have a history of asthma? _____ If yes, do you use an inhaler? _____

Do you have a history of diabetes? _____ If yes, are you insulin dependent? _____

Record of illness: Arthritis _____ Bronchitis _____ Epilepsy _____ Hepatitis _____ Hernia _____ Heat Illness _____

Other (please list) _____

Are you currently taking any medications? _____

If yes, list the medications and note for what condition each medication is taken _____

Please list all musculoskeletal/orthopedic injuries/conditions which you have had, including date of injury, surgical procedures, and/or rehabilitation for each injury/condition.

Please comment on any other physical conditions that you have that you should disclose.

Vaccinations:

MMR Vaccine (date) _____ Mantoux (TB) Test (date) _____ Meningitis _____

Diphtheria (date) _____ Tetanus Vaccine (date) _____

Hepatitis B series (Dose #1 date) _____ (Dose #2 date) _____ (Dose #3 date) _____

Hepatitis B Vaccine Declination: (fill out only if you have not begun nor completed your Hepatitis B series doses)

I (student name) _____, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been advised by William Paterson University to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I should arrange to receive the vaccination series.

Signature of Student _____ Name of Student (print) _____ Date _____

I declare the above information to be true to the best of my knowledge.

Applicant Signature

Date

Physical Examination (To be completed by the Team Physician.)

Pulse: _____ Blood Pressure: _____

EENT Evaluation:

Thorax Evaluation:

Abdominal Evaluation:

Orthopedic Evaluation:

Vaccination Review: _____ Initial by MD/DO

Comments:

This individual is [] Cleared [] not Cleared [] Cleared pending _____
to perform the duties of an Athletic Training Student.

Physician Signature

Date

Practical Testing (To be completed by a Certified Athletic Trainer.)

- 1) Applicant is able to lift an 60 lb. cooler 3 feet high and set it on a stand/table/cart demonstrating object control _____
- 2) Applicant is able to lift an 60 lb. cooler off of a table/stand/cart and lower it to the ground demonstrating object control _____
- 3) Applicant is able to run with a fully stocked medical kit four times the length of a basketball court and perform 2 minutes of CPR on a manikin _____
- 4) Applicant is able to roll an adult from a prone to supine position, unassisted, while maintaining spinal alignment _____

Comments:

This individual is [] Cleared [] not Cleared [] Cleared pending _____
to perform the duties of an Athletic Training Student.

Certified Athletic Trainer Signature

Date