

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
ATHLETIC TRAINING EDUCATION PROGRAM**

MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

INSTRUCTIONS:

1. A medical history and physical exam is required. Transfer or re-entering students must also meet this requirement.
2. The student must provide all information requested in the Medical History section.
3. Immunizations and tuberculin skin tests must be completed and/or updated as necessary.
4. Proof of Immunizations must be presented to the Student Health Center. TB skin test will be administered at the clinic.
ALL STUDENT HEALTH REQUIREMENT RECORDS ARE MAINTAINED BY THE STUDENT HEALTH CENTER.

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ BIRTHDATE _____ GENDER _____

DATE OF LAST PHYSICAL EXAM _____

MEDICAL HISTORY (Completed by Student)

Please check whether or not you now have or have had any of the following:

<u>Condition</u>	<u>Yes</u>	<u>No</u>	<u>Describe</u>
<u>Allergy</u>			
<u>Emotional Disorders</u>			
<u>Hearing/Vision Impaired</u>			
<u>Heart Problem</u>			
<u>Migraine</u>			
<u>Diabetes Mellitus</u>			
<u>Kidney Disease</u>			
<u>Tuberculosis</u>			
<u>Other (please list)</u>			

PHYSICAL EXAM (Completed by MD, DO, PA, or NP)

Height _____ Weight _____ B/P _____ Pulse _____ Vision Screening _____

Indicate any abnormal findings.

HEENT _____

Cardiac _____

Pulmonary _____

Breast/Genitalia _____

Abdomen _____

GU _____

Rectal (optional) _____

Musculoskeletal _____

Neurological _____

Does this student require any follow-up health supervision? Yes _____ No _____

If so, what do you recommend? _____

Healthcare Provider Use Only

Cleared for clinical: Yes _____ No _____

Signature _____ Date _____

UTC - ATEP Technical Standards

The student demonstrates:

1. 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.
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 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 treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. the ability to record the physical examination results and a treatment plan clearly and accurately.
5. the capacity to maintain composure and continue to function well during periods of high stress.
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
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.

Based on the results of this exam, this student demonstrates the observation, communication, motor, intellectual and social abilities to perform in the program:

_____ Yes

_____ No

_____ Yes , with accommodations (explain: _____)

Healthcare Provider Signature: _____ **Date:** _____

IMMUNIZATIONS

*May be secured at local health department.

1. Tetanus Toxoid* immunization is required with a booster every 10 years. Please determine status and give injection(s) if indicated.

Series _____ Date of last booster _____

2. Date of last Diphtheria and Pertussis _____
3. Date of last Polio Vaccine _____
4. Date of last MMR (measles, mumps, rubella) _____

A Rubella Titer* is an absolute requirement for all students prior to enrolment if there is uncertainty about immunity.

Rubella Titer* _____ Date _____

Rubella Vaccine* (if no evidence of immunity) _____ Date _____

5. Hepatitis B Vaccine _____ Date _____

Or signed refusal waiver:

I understand that due to my potential exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I also understand that it is required by clinical agencies that I be vaccinated with Hepatitis B vaccine. I refuse to take the Hepatitis B vaccine at this time. I understand that by not receiving this vaccine, I continue to be a risk of acquiring Hepatitis B, a serious disease.

Signature of student _____ Date _____

6. Varicella immunity (history of chicken pox) Yes No

If no, immunization dates: _____

Or signed refusal waiver:

I understand that due to my potential exposure to chickenpox or other varicella-type infections, I may be at risk of acquiring chickenpox. I refuse to take the varicella vaccine at this time. I understand that by not receiving this vaccine, I continue to be at risk of acquiring chickenpox, a potentially serious disease in adults.

Signature of student _____ Date _____

TUBERCULIN SKIN TEST

PPD Tuberculin Skin Test Date _____ Results _____

Form must be submitted to UTC Student Health Center, not to the ATEP