

ATHLETIC TRAINING EDUCATION PROGRAM HEALTH EXAM AND IMMUNIZATION FORM

NAME: _____ S.S. # _____ DATE OF BIRTH: _____

ADDRESS: _____
(Route or Street Number) (City) (State) (Zip Code)

TO THE EXAMINER: The Athletic Training Education Program requires each student/personnel to have a physical examination at the time of application or employment within the program. Please identify any physical and/or mental limitations which may interfere with participation in prevention, evaluation, treatment and rehabilitation of injuries/illnesses during clinical and field experiences in various health care settings.

Limitations? _____ Yes _____ No If yes, please explain:

 Signature of Examiner

 Date of Examination

The following tests/immunizations are required for ATEP student/personnel.

EXAMINATION	NORMAL RANGE	ABNORMAL RANGE	COMMENTS
Hgb (annual)	Date _____ Signature _____ Agency _____	Date _____ Signature _____ Agency _____	Required.
TB(two step): Mantoux #1 (date): _____ Result: _____ Mantoux #2 (7-21 days after #1): _____ Result: _____ Agency _____ Repeat TB (yearly) 1 (date): _____ Result: _____ Agency _____			Required. Further documentation required if positive.
Measles Mumps MMR Rubella	MMR#1 _____ (Date) Agency: _____	MMR#2 _____ (Date)	Two measles immunizations are required for all persons born in or after 1957 or physician documentation of immunity necessary
Tetanus (Td) - (date): _____ Agency _____			Tetanus booster required within the last 10 years.
Hepatitis B immunization Dates: #1 _____ #2 _____ #3 _____ Agency _____			Evidence of immunization or signed waiver required.
Varicella: Have you had chicken pox? Date _____ Immunization date _____ (or date of) Titer _____ (Chicken pox) Agency _____ Results:			Required.
Polio Dates: #1 _____ #2 _____ #3 _____ #4 _____ Agency _____			Required.

Return this completed form to the ATEP Program Director.

Revised: 03/06/03