

Date: _____

Health History and Physical Examination Report
Grand Canyon University Athletic Training Education Program
3300 West Camelback Rd. Phoenix, Arizona 85017

Student to complete this section:

Student Name: _____ Social Security Number: _____

Last Physical Exam: _____

Current Medications: _____

Allergies: _____

Past Medical/Surgical History:

Are you currently seeing a healthcare provider for any problems that would impact your ability to perform athletic training duties (see "Physical and Mental Requirements" below) Yes/ No

Explain

Physical and Mental Requirements for Athletic Training Students

As part of the application process for Grand Canyon University Athletic Training Education Program, students are required to provide documentation that they are able to perform the duties of an Athletic Training Student (ATS). The student has signed a document stating that they are able to demonstrate the following items. In addition to a completed physical, please review with the student and verify that, to the best of your knowledge, you find this to be true.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

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.

Please return a copy to the student to give to the Athletic Training Education Program Director

Date: _____

Clinical Exam to be completed by MD, DO, NP or PA

(if abnormal, explain)

Blood Pressure: _____ HR: _____ RR: _____ Temp: _____

Vision: Rt Eye: _____ Lt. Eye: _____ Both: _____ With correction / without correction

Height: _____ Weight: _____

Normal Findings	System	Abnormal Findings explanation
	HEENT	
	Skin	
	Heart	
	Lungs	
	Abdomen	
	Neurological	
	Spinal Column (Scoliosis)	
	Upper Extremity	
	Lower Extremity	

Comments/Recommendations:

Restrictions:

Immunization Verification:

Student must provide verification of immunization for you to review (to include, proof of immunity to varicella, 2 MMR or proof of immunity and the hepatitis B series is recommended, however, not required)?

Immunization	Date	Comment
2 MMR		
Varicella (recommended)		
Hepatitis B (recommended)		

Requirement Verification:

I verify that this prospective student is able to meet the physical and mental requirements of an athletic training student without accommodation

Provider's Signature: _____

Provider's Name Printed: _____

To be completed by MD, DO, NP or PA

Provider's Address/Phone Number: _____

Please return a copy to the student to give to the Athletic Training Education Program Director