

Southwest Baptist University

Department of Athletic Training

PHYSICAL EXAM FORM

Date: ____/____/____

Name: _____ Student ID #: _____

CHECK THE APPROPRIATE BOX FOR EACH QUESTION. EXPLAIN "YES" ANSWERS BELOW:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever had surgery or been hospitalized for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been treated for a hernia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently under a doctor's care, on any medication, or have any other Medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out, been dizzy, had chest pain, wheezing, shortness of breath, or cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been told that you have high blood pressure or a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had unexplained racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has anyone in your family died of heart problems or died suddenly before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any skin problems (itching, rashes, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a serious head injury, been knocked out, or had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you wear glasses, contacts, or protective eye wear, or have any problem with your eyes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have frequent sore throat, earache, runny or stopped up nose? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had swelling or other injuries of any bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

- Head Shoulder Thigh Neck Elbow Knee
 Forearm Shin/Calf Back Wrist/Hand Ankle/Foot Hip

14. Do you have only one of any paired organ, such as eyes, kidneys, testicles, ovaries, lungs?
15. Date of your last period: _____ Longest time between periods this last year: _____
16. When was your last tetanus shot? _____ Measles shot? _____
17. What do you consider you desired weight? _____ lbs.

Explain "yes" answers"
Number Explanation

I HEREBY STATE THAT MY ANSWERS TO THESE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE

DATE

Height _____ Weight _____ B/P _____/_____ Pulse _____

Vision: Right Eye _____/_____ Left Eye _____/_____

Corrected: Yes No
 Colorblind: Yes No

Allergies: _____

If Indicated: CBC: Normal Abnormal
 UA: Normal Abnormal

GENERAL EXAM	WNL	COMMENTS
Neurological a. Head b. Neck c. Back		
EENT a. Eyes/Pupils b. Ears c. Nose d. Throat e. Neck/Thyroid		
Internal a. Heart b. Lungs c. Chest d. Abdomen		
Urological a. Genitalia b. Hernia		
Dermatology a. Skin b. Hair c. Nails d. Scalp		

ORTHO EXAM	WNL	COMMENTS
Neck		
Spine		
Shoulders		
Elbows		
Wrists		
Hands/Fingers		
Hips		
Knees		
Ankles		
Feet/Toes		

Southwest Baptist University
Athletic Training Education Program 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 physical exam, this student demonstrates the observation, communication, motor, intellectual and social abilities to perform in the program:

1. Yes
 2. Yes, with accommodations (Explain: _____)
 3. No

Immunization Verification

- Yes – I have reviewed the immunization records of this individual. **(This must be checked in order to be eligible for entry into the Athletic Training Education Program.)**

Clinician is to check the following to verify each immunization.

- Measles, Mumps Rubella
- Tetanus
- Diphtheria
- Hepatitis B
- Poliomyelitis

Clinician Signature: _____ Date: _____

Clinicians Name (Printed) and Address: _____
