Brigham Young University

PHYSICAL EXAM

Athletic Training Education Program

TO BE RETAINED BY PHYSICIAN

Name	Parent/Guardian Name	Date

Home Address (Street) (City) (State) (Zip)

School Address (Street) (City) (State) (Zip)

Telephone/School	Telephone/Home	Date of Birth	Social Security Number
| |	| |	| |	| |

Physician's Physical

Height:

Weight:

Blood Pressure (Sitting/Rt. Arm) _____

Cuff Size R L T

Pulse: Resting Rate _____

Lab:*

**Lab work is not required*

Visual Acuity: ☐ With Correction ☐ Without Correction

L20/ R20/

With contact Lenses ☐ Yes ☐ No

General Appearance/ NDWN (W B O P) (♂ ♀)

Somatotype: Thin Normal Heavy Fat Marfan

Lung: N

Cardiac: N

Neuro: N

Allergies: N

Medication: N

Candidates for selection to the Athletic Training Education Program (ATEP) 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 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 ATEP 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.

Evaluation:

☐ Cleared for participation in a health care profession

☐ Cleared with the following limitations*

☐ Not cleared for participation in a health care profession

Doctor Signature:

*Comments:

Brigham Young University

PHYSICAL EXAM CLEARANCE

Athletic Training Education Program

TO BE TURNED IN WITH AT APPLICATION PACKET

Name	Parent/Guardian Name	Date

Home Address	(Street)	(City)	(State)	(Zip)
School Address	(Street)	(City)	(State)	(Zip)

Telephone/School	Telephone/Home	Date of Birth	BYU ID Number
| |	| |	| |	| |

Physician's Physical

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Doctor Signature: