

**MSU
ATEP**

**STUDENT
FORMS**

SAMPLE STUDENT COPY
Department of Sports Medicine and Athletic Training
Missouri State University

IMMUNIZATION RECORD AND GENERAL HEALTH STATEMENT

NAME OF STUDENT: _____

Immunization Record

	HBV #1	HBV #2	HBV #3	TB TEST	RUBELA TITER	<i>Or</i>	Documented MMR vaccination
DATE						<i>Or</i>	

PHYSICIAN OR PRACTITIONER NOTE:

- ***PLEASE CHECK THE APPROPRIATE BOXES AND SIGN THE BOTTOM OF THE FORM.***
- By checking this box I verify that I have examined the student and found him/her to be without evidence of active tuberculosis or other communicable diseases.
- By checking this box I verify that I have examined the student but found him/her **NOT** to be without evidence of active tuberculosis or communicable diseases

- By checking this box I verify that I have examined the student and found he/she is able to meet the technical standards of the academic program (as outlined on the assumption of risk page).
- By checking this box I verify that I have examined the student but found he/she is **UNABLE** to meet the technical standards of the academic program. (as outlined on the assumption of risk page).

- By checking this box I verify that I have examined the student and found him/her to be in good health
- By checking this box I verify that I have examined the student but found him/her **NOT** to be in good health

- By checking this box I verify that I have examined the student and found he/she is current on his/her immunizations.
- By checking this box I verify that I have examined the student but found he/she is **NOT** current on his/her immunizations.

Physician or Practitioner Signature / Credentials

Date

Physician or Practitioner Printed Name

SAMPLE STUDENT COPY
Official Copy will be provided for you

SAMPLE STUDENT COPY

MSU ATEP TECHNICAL STANDARDS FOR ADMISSION

Student must provide a copy of this form to the physician completed their physical. (Specifically this form must accompany the assumption of risk form) The Athletic Training Education Program at Missouri State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Education Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Sports Medicine and Athletic Training education program must demonstrate:

1. The ability 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.

Candidates for selection to the Athletic Training Educational Program will be required to verify they understand and meet these technical standards, with or without reasonable accommodations. Missouri State University is committed to providing an accessible and supportive environment for students with disabilities. Students requesting accommodations for a disability are responsible for notifying the University of their disability and their request for accommodation. To initiate a request for accommodations, students must contact the Director of Disability Services, Plaster

Student Union, Suite 405, (417) 836-4192 (voice) or (417) 836-6792 (TTY). For a full statement of the rights and responsibilities of students with disabilities, and the rights and responsibilities of the University and its faculty, see our web site at www.missouristate.edu (keyword = disability). The Office of Disability Services (DSO), in conjunction with the Athletic Training Education Program faculty, will evaluate a student's request for accommodations to ascertain if the request is able to fulfill the program's technical standards with reasonable accommodations.

I certify that I have read and understand the technical standards for selection into the Athletic Training Education Program. I understand that if I am unable to meet these requirements, with or without reasonable accommodations, I will not be admitted into the program.

Applicant's Signature

Date

SAMPLE STUDENT COPY

Official Copy will be provided for you

SAMPLE STUDENT COPY

Missouri State University
Athletic Training Education Program
Physical Capability Information

Name: _____ SS# _____

Date of Birth: _____ Local Phone # _____

Local Address: _____

Permanent Address: _____

Email: _____

Parents or emergency contact name and number: _____

Family Physician: _____

Name City State Phone

Please verify the following:

1. Do you have a medical condition(s) that may prevent you from performing the occupational tasks involved with the athletic training profession that may include but not limited to: lifting, running, bending, squatting, reaching, throwing, and demonstrating therapeutic exercise techniques? YES NO
2. Do you know of, or believe there is, any medical reason why you should not participate as an athletic training student at MSU at this time? YES NO
3. Have you ever been hospitalized? YES NO
4. Have you ever had surgery? YES NO
5. Are you presently under a doctor's care? YES NO
6. Are you presently taking any medications or pills? YES NO
7. Do you have trouble breathing or do you cough during or after activity? YES NO
8. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? YES NO
 Head Shoulder Thigh Neck Elbow Knee Foot
 Forearm Shin/Calf Back Wrist Ankle Hip Hand
9. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? YES NO

Please clarify of these questions which you answered yes: _____

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Missouri State University
Athletic Training Education Program
Physical Capability Information
Technical Standards Form must also be presented with this form.

Assumption of Risk

I, _____, understand that participating in the field of athletic training as an athletic training student at Missouri State University may be physically demanding, requiring me to sometimes lift heavy objects (i.e. lifting an athlete on a spine board, coolers of water, medical bags), run (i.e. get to an injured athlete on the field of play), and otherwise engage in activity or positions to perform necessary medical and facility related task (i.e. evaluating an injury and cleaning the athletic training clinic respectively). The physically demanding activities pose an inherent risk of injury and I acknowledge that these risks exist and I am willing to assume these risks and will not hold Missouri State University and it's personnel responsible for any pre-existing medical condition(s) that I may have.

Student's signature: _____ Date: _____

I have examined and medically cleared this individual to participant as an athletic training student in the Athletic Training Education Program at Missouri State University. Furthermore, I have verified that the above mentioned individual is physically capable of performing all task herein described.

Date: _____
State Licensed Physician or Practitioner Signature

SAMPLE STUDENT COPY

Official Copy will be provided for you

MSU ATEP
HEPATITIS B IMMUNIZATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infections. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B.

Signature of Athletic Training Student

Date

Signature of Witness

Date

Athletic Training Student Clinical Experience Weekly Schedule Worksheet

ATS NAME: _____
 ACI: _____

Academic Semester and Year: _____

Directions for ACIs, CIs & students:

- Please use this worksheet to set up the student’s tentative weekly clinical experience schedule. This schedule is tentative to allow for uncontrollable changes in clinical experience schedules (e.g., an event goes longer or ends sooner than expected). Although this schedule is tentative, it will be the schedule referred to if questions are raised about student attendance at a clinical experience. Students are to place a copy of the completed worksheet in their e-portfolio. The ATEP strongly recommends that both the ACI or CI and the student keep a copy of this worksheet for their records. If the ACI, CI, and/or student have questions regarding clinical experience policies and procedures, they may contact the ATEP Program Director (or designee) and/or refer to the ATEP Handbook for clarification.
- Please remember that required clinical experiences are course requirements (i.e., these experiences are not optional) and are subject to all ATEP and University academic policies. Other factors to consider include: 1) clinical experience caps; 2) classes take priority over clinical experiences; 3) clinical experiences take priority over other student obligations (e.g., jobs, student organizations, etc.); 4) students are excused from clinical experiences for personal illness and family emergencies (immediate family only); 5) students should be given at least one day away from the clinical experience each week; 6) may request additional days off with requests directed to the assigned ACI or CI.

Class Time	Monday	Wednesday	Friday	Class Time	Tuesday	Thursday
7:30 – 8:20				8:00 – 9:15		
8:35 – 9:25				9:30 -10:45		
9:40 – 10:30				11:00 – 12:15		
10:45 – 11:35				12:30 – 1:45		
11:50 – 12:40				2:00 – 3:15		
12:55 – 1:45				3:30 – 4:45		
2:00 – 2:50				5:00 ...		
3:05 – 4:20				6:00 ...		
5:00 ...				7:00 ...		
6:00 ...						
7:00 ...						

CLINICAL EXPERIENCE SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM							
9 AM							
10 AM							
11 AM							
Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
...							

MSU ATEP
SIGNATURE PAGE

I, _____, have carefully and completely read, and understand the MSU ATEP Handbook, and have had all my questions satisfactorily answered. I understand that by my signature, I agree to abide by all terms, policies, and procedures contained therein.

I specifically acknowledge the understanding of:

Initials	
_____	NATA Code of Ethic Conduct
_____	Program Expectations
_____	Confidentiality - HIPPA
_____	Physical Capabilities
_____	Technical Standards
_____	Athletic Training Educational Curriculum GPA Criteria
_____	Requirements for Clinical Experience
_____	Application of Clinical Proficiencies
_____	Direct Supervision
_____	Noncompulsory Clinical Experiences
_____	Unsupervised Student Activities
_____	Student Clinical Experience Hours
_____	Documentation and Enforcement of Clinical Hours
_____	Completion of Assigned Clinical Experience
_____	Clinical Probation/Dismissal for a Clinical Site or Program
_____	Failed Clinical Assignment Procedure/ Appeals Process
_____	Student Travel – adverse weather, transportation of patients
_____	Formal Student Reprimand Policy
_____	Hazardous Communication and Infection Control Policy
_____	Clinical Experience Personal Appearance Policy
_____	Cost of Program

Athletic Training Student Signature

Date

Witness Signature

Date