

**UNIVERSITY OF CONNECTICUT  
ATHLETIC TRAINING EDUCATION PROGRAM  
HEALTH & PHYSICAL EVALUATION**

The University of Connecticut Athletic Training Educational Program 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 Educational 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 into the UCONN ATEP. 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. For more information regarding the University's policy for accommodating students with disabilities contact the Center for Students with Disability, Wilbur Cross Building, Room 201, or via phone at 860-486-2020.

In order to determine if you, as a student entering the Athletic Training Education Program at the University of Connecticut, currently possess the physical and mental health that will permit you to meet the established written technical standards of the Athletic Training Education Program you must complete a physical and health evaluation. The health evaluation includes a comprehensive medical history, a physical examination, and a review of your immunization history. It is your responsibility to complete the health evaluation with your health care provider. To assist the health care provider you must provide them with a copy of the technical standards document and have them complete the health evaluation waiver. Once completed you must hand in **ONLY** the waiver from directly to the ATEP Program Director, no later than October 1 (you keep the physical/immunization for your records). Additionally, it is your responsibility to inform the Athletic Training Education Program Director if your health status changes in anyway. If you do experience a change in any aspect of your health status you will be required to complete an updated health evaluation.

Should you have any questions regarding the health evaluation please contact Stephanie Mazerolle, PhD, ATC, Associate Professor in the Department of Kinesiology and Entry Level Athletic Training Education Program Director, by phone at 860-486-4536 or by e-mail at [stephanie.mazerolle@uconn.edu](mailto:stephanie.mazerolle@uconn.edu)

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I hereby state that I have read and understand the above information regarding the health evaluation required for enrollment in the Athletic Training Education Program at the University of Connecticut. Additionally, I have had the opportunity to discuss any concerns I may have regarding this health evaluation with Dr. Mazerolle.

Signature of student: \_\_\_\_\_  
Signature of parent/guardian: \_\_\_\_\_  
(if student is under 18 years of age)

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**The University of Connecticut ATEP  
PHYSICAL EXAMINATION FORM (Part I)**

<b>Name:</b>	<b>ID#:</b>
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**HEALTH HISTORY**

Please review and answer each question below (every question must be answered). Explain all “YES” answers. Be specific and include dates whenever possible.

	Yes	No
1a. Have you had an illness or injury since your last check up?		
If yes, explain:		
1b. Do you have an ongoing or chronic illness?		
If yes, explain:		
2a. Have you ever been hospitalized overnight?		
If yes, explain:		
2b. Have you ever had surgery?		
If yes, explain:		
3a. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
If yes, please list:		
3b. Have you ever taken any supplements or vitamins to help gain or lose weight?		
If yes, please list:		
4a. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
If yes, explain:		
4b. Have you ever had a rash or hives developing during or after exercise?		
If yes, explain:		
5a. Have you ever passed out during or after exercise?		
If yes, explain:		
5b. Have you ever been dizzy during or after exercise?		
If yes, explain:		
5c. Have you ever had chest pain during or after exercise?		
If yes, explain:		
5d. Do you get tired more quickly than your friends do during exercise?		
If yes, explain:		
5e. Have you ever had racing of your heart or skipped heartbeats?		
If yes, explain:		
5f. Have you ever had high blood pressure or high cholesterol?		
If yes, explain:		
5g. Have you been told you have a heart murmur?		
If yes, explain:		
5h. Has any family member or relative died of heart problems or of sudden death before age 50?		
If yes, explain:		
5i. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
If yes, explain:		
5j. Has a physician ever denied or restricted your participation in sports for any heart problem?		
If yes, explain:		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
If yes, explain:		
7a. Have you ever had a head injury or concussion?		
If yes, explain:		
7b. Have you ever been knocked out, become unconscious, or lost your memory?		
If yes, explain:		
7c. Have you ever had a seizure?		
If yes, explain:		

7d. Do you have frequent or severe headaches?			
If yes, explain:			
7e. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			
If yes, explain:			
7f. Have you ever had a stinger, burner, or pinched nerve?			
If yes, explain:			
8. Have you ever become ill from exercising in the heat?			
If yes, explain:			
9a. Do you cough, wheeze, or have trouble breathing during or after activity?			
If yes, explain:			
9b. Do you have asthma?			
If yes, explain:			
9c. Do you have seasonal allergies that require medical treatment?			
If yes, explain and indicate current treatment:			
10. Do you use any special protective or corrective equipment or devices (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?			
If yes, explain:			
11a. Have you had problems with your eyes or vision?			
If yes, explain:			
11b. Do you wear glasses or contacts?			
If yes, explain:			
12. Orthopedic Injuries: Including, but not limited to sprains, strains, fractures, dislocations, swelling, etc. Please list and explain beside the appropriate body area:			
Head/Neck			
Back			
Chest			
Shoulder/Upper Arm			
Elbow			
Forearm/Wrist			
Hand/Finger			
Hip/Thigh			
Knee			
Lower Leg			
Ankle			
Foot			
13a. Do you want to weigh more or less than you do now?			
If yes, explain:			
13b. Do you lose weight regularly?			
If yes, explain:			
14. Do you have a single eye or kidney?			
If yes, explain:			

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of student: \_\_\_\_\_  
 Signature of parent/guardian: \_\_\_\_\_  
 (if student is under 18 years of age)

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

I hereby state that I have reviewed the answers to the above questions with this patient (student).

Signature of physician or nurse practitioner: \_\_\_\_\_

Date \_\_\_\_\_

**The University of Connecticut ATEP  
PHYSICAL EXAMINATION FORM (Part II)**

<b>Name:</b>		<b>ID#:</b>	
<b>Height (in)</b>	<b>Weight (lb)</b>	<b>Pulse</b>	<b>BP:</b>

**MEDICAL EXAM**

	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
Pulses			
Auscultation Sitting Supine Maneuver (i.e. squat -to-stand, deep inspiration, or Valsalva's maneuver)			
Lungs			
Abdomen			
Genitalia (males only prn)			

Comments/Recommendations:

**MUSCULOSKELETAL EXAM**

	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Abnormal findings/Recommendations:

Physician Name (print/type): \_\_\_\_\_

Signature of physician \_\_\_\_\_

Date Exam Completed: \_\_\_\_\_

**University of Connecticut  
Athletic Training Education Program  
IMMUNIZATION RECORD (Part III)**

<b>Name:</b>	<b>ID#:</b>
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	Date	Details of Requirement	Initials
Hepatitis B	XXXXXXXX	Must sign waiver if not meeting this requirement	XXXXXXXX
Initial			
Second			
Final			
PPD		Must be within last 12 months	
Tetanus		Should be within last 10 years	
MMR	XXXXXXXX		XXXXXXXX
First			
Second			

Physician Name (print/type): \_\_\_\_\_

Signature of physician \_\_\_\_\_

**University of Connecticut**  
**Athletic Training Education Program**  
**HEALTH EVALUATION & IMMUNIZATION RECORD**

NAME (Legal Name) \_\_\_\_\_  
SS # \_\_\_\_\_ Date \_\_\_\_\_

Your signature below indicates that you have reviewed the technical standards of the UCONN Athletic Training Education Program and the above named student currently possesses the physical, mental and social health that will permit him/her to meet the established written technical standards of the Athletic Training Education Program at the University of Connecticut. In addition your signature below indicates the student is also current with all immunizations (tetanus, hepatitis B, etc.).

\_\_\_\_\_  
Health Care Provider  
(May be MD, DO, PA, or NP)

\_\_\_\_\_  
Date

## **University of Connecticut**

### **Athletic Training Education Program Technical Standards for Admission**

The University of Connecticut Athletic Training Educational Program 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 Educational 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 into the UCONN ATEP. 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. For more information regarding the University's policy for accommodating students with disabilities contact the Center for Students with Disability, Wilbur Cross Building, Room 201, or via phone at 860-486-2020.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

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. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
7. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.