



**Physical exam**

1. ENT \_ Normal \_ Abnormal
2. Neurological \_ Normal \_ Abnormal
3. Cardiopulmonary \_ Normal \_ Abnormal
4. Abdomen \_ Normal \_ Abnormal
5. Orthopedic \_ Normal \_ Abnormal
6. Skin \_ Normal \_ Abnormal

Comments: \_\_\_\_\_

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**Technical Standards**

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 judgements and to be able to distinguish deviations from the norm.
2. A 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 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. The 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.

**M.D. Clearance:**

*I have examined the above student and that such examination revealed ( \_ conditions \_ no conditions) that would prevent this student from participating in the Carthage College Athletic Training Education Programs.*

Physician Signature: \_\_\_\_\_

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

Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_