

Appendix B
University of Central Missouri
Medical/History/Work Capacity and Technical Standards Forms
Athletic Training Program-Physical Capability Information

Athletic Training Student: _____

Student ID# _____

Campus Address: _____

Campus Phone: _____ Home Phone: _____

Permanent Address: _____

Parents or emergency contact work number: _____

Parents or emergency address: _____

Family Physician: Name: _____
Address: _____
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 not include but not limited to: lifting, running, bending, squatting, reaching, throwing, and demonstrating therapeutic exercise techniques?
YES NO

- 2) Are you currently taking any medications? **YES NO**

- 3) Do you have any of the following symptoms, which occur while you are exercising or performing vigorous activity?

Chest pain or discomfort? **YES NO**

Fainting or near fainting? **YES NO**

Unusual or unexpected shortness of breath? **YES NO**

Unusual or unexpected tiredness? **YES NO**

- 4) Do you know of, or believe there is any medical reason why you should not participate as an Athletic Training Student here at UCM at this time? **YES NO**

Please clarify any questions which you answered yes:

Assumption of Risk

I, _____, understand that participation in the field of Athletic Training as a student here at University of Central Missouri 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), engage in activity or positions to perform necessary medical treatment, and facility related tasks (i.e. evaluating an injury and cleaning the Athletic Training room 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 University of Central Missouri and its personnel responsible for any pre-existing medical condition(s) that I may have.

Athletic Training
Student's Signature _____ Date: _____

Witness: _____ Date: _____

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

State Licensed
Physician Signature: _____ Date: _____

Technical Standards for University of Central Missouri Athletic Training Program

The Athletic Training Program at University of Central Missouri 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 University of Central Missouri Athletic Training Program establish the essential qualities considered necessary for students admitted to and matriculated through 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]). In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted into or may be dismissed from the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam. Candidates for selection as well as students progressing through the University of Central Missouri Athletic Training Program must demonstrate:

- 1) The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve formulate assessment and therapeutic judgments and to be able to distinguish deviation 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 via 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 situation and uncertainty in clinical situation;
- 8) Affective skill and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection as well as students progressing through the University of Central Missouri Athletic Training Education Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodation, they can meet the standards.

The American Disabilities Act (ADA) compliance office will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student state she/she can meet the technical standards with accommodation, the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards of selection listed above. I understand that if I am unable to meet these standards, it is my responsibility to contact the ADA office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted or allowed to continue in the program.

Signature of Applicant:

_____ Date: _____

Signature of Witness:

_____ Date: _____