

# TEXAS A&M UNIVERSITY-CORPUS CHRISTI MASTER OF SCIENCE IN ATHLETIC TRAINING

This student is seeking enrollment into an allied health education program. Please examine this student and determine whether the student can perform the typical skills needed to complete the program's requirements. It is the policy of the Texas A&M University System that no person shall be denied admission nor graduation based on any disability, provided that the person demonstrates ability to meet the minimum standards of the program.

Technological compensation can be made for disabilities in some areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures compromises the essential function of the athletic trainer and may jeopardize the safety of the patient.

Please have a medical professional (MD, DO, NP, or PA) fill out the attached Health Physical Medical Clearance Form. If your doctor's office has a similar form that they normally use, then you may submit the office form as part of your application packet. Please make sure the medical professional signs and dates the Health Physical Medical Clearance Form.

## HEALTH PHYSICAL MEDICAL CLEARANCE FORM FOR ADMISSION

### Information for the Examining Physician:

This student is seeking enrollment into an allied health education program. Please examine this student and determine whether the student can perform the typical skills needed to complete the program's requirements. It is the policy of the Texas A&M University System that no person shall be denied admission nor graduation based on any disability, provided that the person demonstrates ability to meet the minimum standards of the program.

### PHYSICAL EXAMINATION

*Patient Information (to be completed by patient)*

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Medical History

Do you have, or have you had, any of the following illnesses and/or conditions? (Please Circle)

Asthma	Yes No	Diabetes	Yes No
High Blood Pressure	Yes No	Heart Disease	Yes No
Cancer	Yes No	TB	Yes No
Seizures	Yes No	Hepatitis	Yes No
Other serious illness or condition	Yes No		

Details of any "Yes" answers from above: \_\_\_\_\_

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