

Eastern Michigan University  
Athletic Training Student  
Medical Examination

Student # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Explain "Yes" answers on the back of this page (indicate which corresponding question)

- |  | Yes       | No  |
|--|-----------|-----|
| 1. Have you ever been hospitalized?.....   | ( )       | ( ) |
| 2. Have you ever had surgery?.....   | ( )       | ( ) |
| 3. Do you have any allergies (medicine, bees, food, etc)?.....   | ( )       | ( ) |
| 4. Have you ever passed out during or after exercise/strenuous activity?..... ( )  | ( )       | ( ) |
| Have you ever been dizzy during or after exercise/strenuous activity?....  | ( )       | ( ) |
| Have you ever had chest pain during or after exercise/strenuous activity?  | ( )       | ( ) |
| Have you ever had chest pain during or after exercise/strenuous activity?  | ( )       | ( ) |
| Have you ever had high blood pressure?.....  | ( )       | ( ) |
| Have you ever been told you have a heart murmur?.....  | ( )       | ( ) |
| Have you every had racing of your heart or skipped heartbeat?.....   | ( )       | ( ) |
| Has anyone in your family died of heart problems or sudden death before age 50? ( )  | ( )       | ( ) |
| 5. Do you have any skin problems (itching, rashes, acne)?.....   | ( )       | ( ) |
| 6. Have you ever had a head injury? .....  | ( )       | ( ) |
| Have you ever been knocked out or unconscious?.....  | ( )       | ( ) |
| Have you ever had a seizure?.....  | ( )       | ( ) |
| 7. Have you ever had heart or muscle cramps?.....  | ( )       | ( ) |
| Have you ever been dizzy or passed out in the heat?.....   | ( )       | ( ) |
| 8. Do you have trouble breathing or do you cough during or after activity?.....  | ( )       | ( ) |
| 9. Have you had any problems with your eyes or vision?.....  | ( )       | ( ) |
| 10. Have you ever sprained/dislocated, fractured, or had repeated swelling or other injuries of any bones or joints?.....            | ( )       | ( ) |
| ( ) Head   | ( ) Elbow |     |
| ( ) Shoulder   | ( ) Knee  |     |
| ( ) Neck   | ( ) Back  |     |
| ( ) Chest  | ( ) Ankle |     |
| ( ) Hip  | ( ) Hand  |     |
| 11. Have you had any other medical problems (mono, diabetes, etc).....   | ( )       | ( ) |
| 12. Have you ever missed work/school due to injury/illness?.....   | ( )       | ( ) |
| 13. Do you have any health problems that would prevent you from being an athletic training student or being physically active? ..... | ( )       | ( ) |

14. When was your last tetanus shot? \_\_\_\_\_

15 Have you received immunizations for the following diseases/disorders?

	Yes	No	Date
Mumps	( )	( )	_____
Measles	( )	( )	_____
Rubella	( )	( )	_____
Diphtheria	( )	( )	_____

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

Signature of Athletic Training Student \_\_\_\_\_ Date \_\_\_\_\_

Eastern Michigan University  
Athletic Training Student  
Medical Examination

Student # \_\_\_\_\_ Date \_\_\_\_\_

**Physical Examination**

Name \_\_\_\_\_ EMU Phone \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y or N Pupils \_\_\_\_\_

	Normal	Abnormal Findings	Initials
<b>Cardiopulmonary</b>			
<b>Pulses</b>			
<b>Heart</b>			
<b>Lungs</b>			
<b>Skin</b>			
<b>Abdominal</b>			
<b>Genitalia</b>			
<b>Musculoskeletal</b>			
<b>Neck</b>			
<b>Shoulder</b>			
<b>Elbow</b>			
<b>Wrist</b>			
<b>Hand</b>			
<b>Back</b>			
<b>Knee</b>			
<b>Ankle</b>			
<b>Foot</b>			
<b>Ears, Nose, Throat</b>			
<b>Other</b>			

Restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_