

**EVANGEL UNIVERSITY**  
**ATHLETIC TRAINING PROGRAM**  
**TECHNICAL STANDARDS PHYSICIAN'S FORM**

The physical examination must be completed and signed by a physician, physician's assistant, or nurse practitioner along with the release form by stating that you, \_\_\_\_\_, are able to perform the typical skills needed to complete essential skills and tasks common to a Certified Athletic Trainer (ATC).

**Examples of Typical Skills Needed to Complete Essential Tasks of an ATC**

- Students typically sit 2-6 hours daily in a classroom, stand for 2-3 hours daily at practice and must be able to ambulate approximately 10 yards indoor or outdoor over rough terrain.
- Students frequently lift less than 10 pounds and occasionally lift between 10-20lbs. overhead.
- Students frequently exert 25 pounds of push/pull forces to objects up to 50 feet.
- Students frequently twist, bend, stoop, and kneel on the floor up to 15 minutes.
- Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and injured athletes.
- Students frequently stand and walk while providing support to an injured athlete.
- Students frequently coordinate verbal and manual activities with gross motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes.
- Students often work within an electrical field.
- Students will need to have 20/40 vision (or corrected to) to view activities.
- Students frequently need basic neurological function to perceive hot, cold, or change in contour of surface/body part.
- Students need to possess the ability to make and execute quick, appropriate, and accurate decisions in a stressful environment.

This section is to be completed by a physician, physician's assistant, or nurse practitioner indicating the applicant meets the Evangel University Athletic Training Program Technical Standards. Also included is an Evangel University Athletic Training Program Physical Examination Form. Please complete the following information in regards to the participation of this Athletic Training Student in the Evangel University Athletic Training Program.

\_\_\_\_\_ is/is not able to meet the technical standards for Admission and/or continuation in the Evangel University Athletic Training Program without accommodations.

---

Medical Provider Signature (MD, DO, PA, NP)

Date

---

Student Signature

Date

---

Program Director Signature

Date