



**UNIVERSITY  
of HAWAII®  
MĀNOA**

**ENTRY-LEVEL GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM**

**HEALTH CLEARANCE AND  
TECHNICAL STANDARDS FORM  
(Includes Medical History, Physical Examination, Immunization Record,  
and Health Insurance Verification)**

**Patient Information**

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Local Address:</b> _____	<b>Cell Phone:</b> _____
<b>Local Emergency Contact Name:</b> _____	<b>Relationship:</b> _____
<b>Local Address:</b> _____	<b>Cell Phone:</b> _____
<b>Emergency Contact Name:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____

**Technical Standards**

The Entry-Level Graduate Athletic Training Educational Program (EL-GATEP) at the University of Hawaii at Manoa is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The following abilities and expectations must be met by all students admitted to the EL-GATEP. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, participation in the EL-GATEP may be denied. For information regarding the University's policies on accommodations for students with disabilities, please contact the KOKUA Program at 956-7511.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Participants in the EL-GATEP must demonstrate the following Technical Standards:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations 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 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. 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.

Participants in the EL-GATEP will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

**Physician Assessment**

Please check all applicable:

<input type="checkbox"/>	Medical History was completed	<input type="checkbox"/>	Physical Examination was completed
<input type="checkbox"/>	NO Significant Medical Problems at this time	<input type="checkbox"/>	NO evidence of communicable disease at this time
<input type="checkbox"/>	Patient is medically cleared to participate in Athletic Training Education Program	<input type="checkbox"/>	Patient does NOT require accommodations in duties described above

Comments/ Recommendations:

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date

**Statement for students NOT requiring accommodations**

The KOKUA Program 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 states he/she can meet the technical standards with accommodation, then 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 the 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 for selection to the EL-GATEP at the University of Hawaii at Manoa, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards admission to the EL-GATEP may be denied.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Alternative statement for students requesting accommodations (do NOT sign unless you need accommodations).**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the KOKUA Program to determine what accommodations may be available. I am also aware that accommodations determined by the KOKUA Program must be mutually agreed upon by the EL-GATEP. I understand that if I am unable to meet these standards with or without accommodations, or such accommodations are not mutually agreeable by the EL-GATEP, admission to the EL-GATEP may be denied.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



**THE UNIVERSITY OF HAWAII  
ENTRY-LEVEL GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM  
HEALTH INSURANCE VERIFICATION**

**Patient Information**

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Local Address:</b> _____	<b>Cell Phone:</b> _____
<b>Health Insurance Company</b> _____	<b>Company Phone:</b> _____
<b>Address</b> _____	<b>Subscriber Number:</b> _____
<b>Subscriber Name</b> _____	<b>Group Number:</b> _____
<b>Type of Plan</b> _____	<b>Period of Coverage:</b> _____

I understand that I must provide proof of my health insurance coverage annually to the UH EL-GATEP Director and that primary health insurance is required throughout my enrollment in the Program as described in the Operational Policies Manual.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a **copy of the front and back** of your insurance card to this form.

**THE UNIVERSITY OF HAWAII  
ENTRY-LEVEL GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM**

**MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM**

**INSTRUCTIONS:**

1. A medical history and physical exam is required. Transfer or re-entering students must also meet this requirement.
2. The student must provide all information requested in the Medical History section.
3. Immunizations and tuberculin skin tests must be completed and/or updated as necessary.
4. Proof of Immunizations (including HBV) must be presented to the University Health Services. TB skin test will be administered at the clinic.
5. Complete and have physician sign Health Clearance Form, Technical Standards Form, and Immunization Record (from website) and submit to the EL-GATEP.
6. Completed Medical History and Physical Examination Form are to be kept by University Health Services (NOT the EL-GATEP).

**ALL STUDENT HEALTH REQUIREMENT RECORDS ARE MAINTAINED BY THE UNIVERSITY HEALTH SERVICES.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM: \_\_\_\_\_

**MEDICAL HISTORY (Completed by Student)**

Please check whether or not you now have or have had any of the following:

**Condition:**

Allergy

- Yes  
 No

Describe: \_\_\_\_\_

Emotional Disorders

- Yes  
 No

Describe: \_\_\_\_\_

Hearing/Vision Impaired

- Yes  
 No

Describe: \_\_\_\_\_

Heart Problem

- Yes  
 No

Describe: \_\_\_\_\_

Migraine

- Yes  
 No

Describe: \_\_\_\_\_

Diabetes Mellitus

- Yes  
 No

Describe: \_\_\_\_\_

Kidney Disease

- Yes  
 No

Describe: \_\_\_\_\_

Tuberculosis

- Yes  
 No

Describe: \_\_\_\_\_

Other (please list)

- Yes  
 No

Describe: \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAM (Completed by MD, DO, PA, or NP)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Vision Screening \_\_\_\_\_

Indicate any abnormal findings:

HEENT \_\_\_\_\_

Cardiac \_\_\_\_\_

Pulmonary \_\_\_\_\_

Breast/Genitalia \_\_\_\_\_

Abdomen \_\_\_\_\_

GU \_\_\_\_\_

Rectal (optional) \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neurological \_\_\_\_\_

Does this student require any follow-up health supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what do you recommend? \_\_\_\_\_

\_\_\_\_\_

**Healthcare Provider Use Only**

Cleared for clinical: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form must be submitted to University Health Services, NOT to the EL-GATEP.**