



GANNON UNIVERSITY
Athletic Training

MASTER of ATHLETIC TRAINING

STUDENT HANDBOOK

2020- 2021

Gannon University
105 Commercial Center Drive
Ruskin, Florida 33573

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1. GU MAT Mission/Goals/Outcomes

Mission Statement

The mission of Gannon University Athletic Training Program is to provide comprehensive didactic, evidence-based, and clinical education to prepare students for a career in athletic training. The Masters of Athletic Training Program will provide outstanding classroom and clinical instruction in the prevention, recognition, evaluation, treatment, and rehabilitation of physically active individuals. The student has the opportunity to develop competency and proficiency in performing skills incorporating analytical problem-solving abilities to assist with the practice of athletic training.

Program Goals

- Provide quality educational experiences in both didactic and clinical education settings that prepare students for entry-level professional competence.
- Develop students that are active in ethical professional citizenship and promote involvement with athletic training organizations.
- Develop health care practitioners that practice evidence-based medicine and demonstrate interdisciplinary collaboration with other health professions.
- Promote the profession of athletic training through service and leadership.

Outcomes

- The program will provide quality education that produces graduates with the ability to independently practice in a variety of settings.
- The program will commit to establishing, adopting, and disseminating content of ‘best-practice’ within the profession of Athletic Training.
- Students and graduates will demonstrate the ability to practice with cultural competence.
- Students and graduates will be able to demonstrate interdisciplinary collaboration within the current health care environment.
- Students and graduates will demonstrate proficiency within the domains of athletic training, encompassing the knowledge, skills, and abilities necessary to become a credentialed health care provider.
- Students and graduates will be prepared to practice as reflective thinkers, ethical decision-makers, and responsible contributors to our profession and society.

2. ADMISSION/MATRICULATION/RETENTION

2.1 Application to the Gannon University MAT

- Prospective MAT Students apply to the MAT program through ATCAS.

2.2 Admission Requirements

- Baccalaureate degree from an accredited college or university with a minimum 2.75 overall grade point average (4.0 scale).
- Two letters of recommendation
- Personal essay
- Students whose native language is not English and who intend to begin their degree immediately must demonstrate English language proficiency with the following documentation: Minimum TOEFL iBT of 80
- Prerequisite course requirements: Biology (1 semester), Chemistry (1 semester), Physics (1 semester), Psychology (1 semester), Human Anatomy (1 semester), Human Physiology (1 semester)

2.3 Full Acceptance

To obtain Full Acceptance, the Student will be required to submit the following documents:

- Final degree transcripts
- Completed Technical Standards form

2.4 Upon Formal Acceptance/Retention Requirements

The following items and requirements must be completed and maintained for retention in the GU MAT Program.

- Maintain a 3.0 Grade Point Average
- Compliance with all Gannon University and GU MAT Policies and Procedures.
- Completed and proof provided for the following;
 - Gannon University Health Records Form (Physical and Immunizations)
 - CPR/AED for the Professional Rescuer Certification (or equivalent)
 - Membership in the National Athletic Trainers Association (NATA)
 - Medical Liability Insurance
 - NPI Number
 - Passing Background Check
 - Communicable Disease Policy and Procedure Training (includes COVID 19 training and successful completion)
 - Blood-borne Pathogen Training and successful completion
 - HIPAA Training and successful completion
- Signed Documents;
 - Athletic Training Program Emergency Contact Form
 - MAT Confidentiality Acknowledgement Form
 - MAT Handbook Agreement Form

2.5 Associated Costs with the Athletic Training Program (Student's Responsibility)

- [Gannon University Tuition & Fees](#)
- Clinical Education Uniform (Black or khaki pants/shorts, closed toe shoes)
- Transportation (to and from), food, & housing for Clinical Education Experiences
- Parking Permit at clinical sites (if required)
- National Athletic Trainers Association Student Membership (~\$80/year)
- Physical, Immunizations, and any other medical costs
- CPR/AED certification (~\$27)
- Individual Professional Liability Insurance (~\$40/year)
- Certified Background/Online program document storage/Background Check/Finger Printing (Year 1: \$118, Year 2: \$31)
- Any other associated costs required by individual clinical sites (example- specific background check, specific training)
- Board of Certification Examination (Last semester in MAT, ~\$35 application fee, ~\$300 exam)

2.6 Castle Branch

The GU MAT utilizes Castle Branch to conduct background checks and for all program required secure document storage. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

- Order Instructions for each student:
 - Go to <https://mycb.castlebranch.com/>
 - In the upper right hand corner, enter the Package Code GF79. (2nd year student package code: GF79r)
- Payment Information: Your payment options include Visa, Master card, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.
- Accessing Your Account: To access your account, log in using the email address you provided and the password you created during order placement.
- Contact Castle Branch: For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

3. CURRICULUM
3.1 Course List

| | | Credits |
|---------------|---|---------|
| GGMAT500 | Clinical Anatomy in Athletic Training | 3 |
| GGMAT501 | Foundations of Athletic Training Practice | 4 |
| GGMAT504 | Clinical App of Care and Prevention in AT | 3 |
| GGMAT522 | Clinical Evaluation I: Lower Extremity | 3 |
| GGMAT552 | Clinical Evaluation II: Upper Extremity | 3 |
| GGMAT605 | Clinical Evaluation III: Head, Neck, and Spine | 3 |
| GGMAT610 | Clinical Evaluation IV: General Medical Skills | 3 |
| GGMAT532 | Therapeutic Intervention I | 3 |
| GGMAT562 | Therapeutic Intervention II | 3 |
| GGMAT658 | Administrative Application in Athletic Training | 3 |
| GSPRT510 | Advanced Strength and Conditioning | 3 |
| GGMAT513 | Clinical Experience in Athletic Training I | 1 |
| GGMAT514 | Clinical Experience in AT II | 3 |
| GGMAT542 | Clinical Experience in AT III | 3 |
| GGMAT613 | Clinical Experience in AT IV | 1 |
| GGMAT620 | Clinical Experience in AT V | 3 |
| GGMAT640 | Clinical Experience in AT VI | 9 |
| Total Credits | | 54 |

3.2 Two-Year Academic Plan

Summer I

| | | |
|-----------|---------------------------------|---|
| GGMAT 500 | Clinical Anatomy in AT | 3 |
| GGMAT 501 | Foundations of AT Practice | 4 |
| GGMAT 504 | Clin App of Care and Prev in AT | 3 |
| GGMAT 513 | Clinical Experience in AT I | 1 |

11

Fall I

| | | |
|-----------|----------------------------------|---|
| GGMAT 522 | Clinical Eval I: Lower Extremity | 3 |
| GGMAT 532 | Therapeutic Intervention I | 3 |
| GGMAT 514 | Clinical Experience in AT II | 3 |

9

Spring I

| | | |
|-----------|-----------------------------------|---|
| GGMAT 552 | Clinical Eval II: Upper Extremity | 3 |
| GGMAT 562 | Therapeutic Intervention II | 3 |
| GGMAT 542 | Clinical Experience in AT III | 3 |

9

Summer II

| | | |
|------------|--------------------------------------|---|
| GGMAT 605 | Clinical Eval III: Head, Neck, Spine | 3 |
| GGSPRT 510 | Advanced Strength and Conditioning | 3 |
| GGMAT 613 | Clinical Experience in AT IV | 1 |

7

Fall II

| | | |
|-----------|--------------------------------------|---|
| GGMAT 610 | Clinical Eval IV: Gen Medical Skills | 3 |
| GGMAT 658 | Admin Application in AT | 3 |
| GGMAT 620 | Clinical Experience in AT V | 3 |

9

Spring II

| | | |
|-----------|------------------------------|---|
| GGMAT 640 | Clinical Experience in AT VI | 9 |
|-----------|------------------------------|---|

Total Credits

54

3.3 2020-2021 Two-Year Academic Plan- Adjusted Plan due to COVID19

Summer I

| | | |
|-----------|-----------------------------|---|
| GGMAT 500 | Clinical Anatomy in AT | 3 |
| GGMAT 501 | Foundations of AT Practice | 4 |
| GGMAT 532 | Therapeutic Intervention I | 3 |
| GGMAT 513 | Clinical Experience in AT I | 1 |

11

Fall I

| | | |
|-----------|----------------------------------|---|
| GGMAT 522 | Clinical Eval I: Lower Extremity | 3 |
| GGMAT 504 | Clin App of Care and Prev in AT | 3 |
| GGMAT 514 | Clinical Experience in AT II | 3 |

9

Spring I

| | | |
|-----------|-----------------------------------|---|
| GGMAT 552 | Clinical Eval II: Upper Extremity | 3 |
| GGMAT 562 | Therapeutic Intervention II | 3 |
| GGMAT 542 | Clinical Experience in AT III | 3 |

9

Summer II

| | | |
|------------|------------------------------------|---|
| GGMAT 658 | Admin Application in AT | 3 |
| GGSPRT 510 | Advanced Strength and Conditioning | 3 |
| GGMAT 613 | Clinical Experience in AT IV | 1 |

7

Fall II

| | | |
|-----------|--------------------------------------|---|
| GGMAT 610 | Clinical Eval IV: Gen Medical Skills | 3 |
| GGMAT 605 | Clinical Eval III: Head, Neck, Spine | 3 |
| GGMAT 620 | Clinical Experience in AT V | 3 |

9

Spring II

| | | |
|-----------|------------------------------|---|
| GGMAT 640 | Clinical Experience in AT VI | 9 |
|-----------|------------------------------|---|

Total Credits

54

4. POLICIES

4.1 Gannon University Policies

- All Gannon University Policies can be found at my.gannon.edu within the **Institutional Policy Manual (IPM)**

4.2 Gannon University Masters of Athletic Training Program Policies

4.2.1 Standards of Professional Conduct

- The Gannon University MAT expects professional behaviors from all students during classroom and clinical experiences.
- Athletic training students enrolled in the Gannon University MAT must adhere to the following Standards of Professional Conduct:
 - Comply with the [NATA Code of Ethics](#).
 - Comply with the [BOC Standards of Professional Practice](#)
 - Comply with the Gannon University MAT Retention/ Matriculation Requirements.
 - Comply with the Gannon University Student Code of Conduct.
- Failure to demonstrate professional conduct/behavior may result in probation and/or dismissal from the program.

4.2.2 Academic Performance

- All students in the MAT program must maintain a minimum Grade Point Average (GPA) of a 3.0 to remain in good academic standing.
- Academic Policies and Procedures can be found in the Gannon University Graduate Catalog.
- Coursework: Minimum competency and remediation.
 - Students must receive a minimum score of 80% to pass all Skill Evaluations and Clinical Integrated Proficiencies (CIP's).
 - Students receiving below an 80% score on a Skill Evaluation or CIP will be required to perform remediation of the activity until mastery is demonstrated for course completion.
 - *The original Skill Evaluation or CIP score will be utilized for the student grade of the Skill or CIP.*

4.2.3 Communicable Disease Policy

- The purpose of this policy is to ensure the welfare of Gannon University MAT students as well as patients at clinical education experiences.
- All students will complete annual Communicable Disease Training.
- Students must annually read and sign the Communicable Disease Policy (Appendix C).

4.2.4 Health Insurance Portability and Accountability Act (HIPAA)

- HIPAA of 1996 is United States legislation that provides data privacy and security provisions for safeguarding medical information.
- Students will complete annual MAT HIPAA Training.
- Students will complete an annual HIPAA Quiz to demonstrate an understanding of the Health Insurance Portability and Accountability Act.
- Confidentiality of patient medical records must be maintained at all times, as these are considered legal documents. Records are not permitted to leave the secured designated area of the clinical instruction site.
- Any questions or concerns from the press, professional scouts, information personnel, opposing team personnel, spectators, or other bystanders must be

directed to your supervising Preceptor.

- If medical records are requested for a classroom report, project, or research project, all medical release information must first be requested by the Athletic Training Student to their supervising Preceptor and the Athlete. The AT Student must submit a signed copy of all required releases and/or waivers to the course Instructor and their Preceptor. The waivers/releases will also require the patient signature. If the patient is a minor, the Parent/Guardian must sign the release/waiver. The MAT Student must follow the policy and procedures for their individual clinical site.
- Students must remember that discussing the status of a patient with other patients is forbidden. This is considered a breach of confidentiality. Any conversation that is overheard will violate the privacy of patients; therefore, conversations in patient care areas, hallways, stairwells, elevators, eating areas, and other places of public gathering must be kept to a minimum in order to ensure that patient confidentiality is not violated.
- During the clinical education experience, breach of confidentiality is one of the most serious violations that can occur. This may result in removal from the clinical education experience, but could ultimately result in suspension or dismissal from the Gannon University Athletic Training Program.

As a Gannon University MAT student you:

- Will be exposed to confidential medical information. A patient's medical records are sensitive documents whose disclosure generally is prohibited by law.
- Must comply with all regulations set forth by the Health Information Portability and Accountability Act (HIPAA).
- Will not remove medical records from a medical facility without written permission from your Preceptor and the Athlete.
- Will not discuss a patient's injury/illness with anyone (i.e. coach, administrator, press/media, scouts, teammate, parent, etc.) without permission from your Preceptor.
- Will not use or disclose any form of another person's medical, personal, and educational information, whether written, oral, recorded electronically, heard, seen, or memorized to anyone, except as specifically authorized by your Preceptor.
- Sign an 'Acknowledgement of Confidentiality' document annually. (Appendix B)

4.2.5 Family Educational Rights and Privacy Act (FERPA)

- The Family Educational Rights and Privacy Act (FERPA) is the federal law that governs release of, and access to, student education records.
- Students will complete annual FERPA Training.
- Students will complete an annual FERPA Quiz to demonstrate an understanding of the Family Educational Rights and Privacy Act.
- Collegiate/University athlete medical records are considered part of their institutions educational records. FERPA and HIPAA apply at all times.

4.2.6 Professional Appearance/Dress Code

- As health care professionals and a Gannon University MAT student, you shall adhere to the following dress codes.

CLINICAL EXPERIENCE DRESS CODE

Nametag

- Students must wear their Gannon University MAT nametag at all times during clinical experience attendance.
- Standard 26A- A mechanism by which clients/patients can differentiate student from credentialed providers.

Shirts

- Only Gannon University Athletic Training logo and plain solid color (marron, white, black) t-shirts and polos may be worn.
- T-shirts or Polo's must be tucked into pants/shorts.
- During inclement weather solid color sweatshirts, jackets/coats may be worn. (No advertisements, brands, other college/university logos)

Pants/Shorts

- Khaki or black dress/ Dockers type pants/shorts must be worn.
- If belt loops are present, a belt is required.
- Pants will be worn in an appropriate, and neat manner (waist of pants will be on the person's waist, no cut off bottoms, or excess amounts of holes, etc.).
- Shorts must be an appropriate length (at minimum mid-thigh).
- No leggings, capris, yoga pants, betabrand type pants (yoga pants with pockets), cargo, track, wind, sweat pants or jeans. *Absolutely no gym shorts.*

If a clinical site issues a student gear/clothing and expects the student to wear that gear/clothing, the student must wear the clinical site gear/clothing. (Except if it violates the GU MAT dress code) For example, issued running short shorts should be replaced with khaki/Docker type shorts.

Hats

- Gannon University Athletic Training/ or clinical site-specific hats may be worn **outside**.
- Hats must be worn with the visor forward.
- Hats are NOT allowed in the classroom.

Footwear

- Shoes must be closed toe.
- Socks must be worn; black, white, or gray.
- No flip-flops (ever), no sandals, no boots (e.g., UGGS, etc.)

Grooming/Other

- For males, facial hair must be kept neatly trimmed. Make it a point to be cleanly shaven (no stubble), especially at athletic events, physicals, or on doctor's visits.
- Females with long hair must be pulled back/put up in a neat and functional fashion at all times.
- Tattoos must be covered.
- Jewelry must be kept to a minimum (one small set of stud earrings allowed, only).
- No facial piercings (i.e., lips, nose, tongue, eyebrow, etc.).
- Fingernails need to be kept clean and trimmed, NO fingernail polish or artificial fingernails at any time.

The dress code applies **at all times** when in any Athletic Training Facility.

CLASSROOM DRESS CODE

Business Casual attire is required (unless otherwise noted by faculty).

Gannon Casual attire is acceptable on Fridays (unless otherwise noted by faculty).

Pants/Shorts

- Casual slacks, long walking shorts, capris, skirts, dresses.
- Not permitted: Jeans, ripped, torn, cut offs.

Shirts/Sweatshirts/Jackets

- Polos, collared shirts, blouses.
- Not permitted: spaghetti straps, muscle shirts, strapless, low-neck lines, and midriffs.

Hats

- Hats are not permitted in the classroom.

Footwear

- Closed toe shoes must be worn, casual shoes, clean tennis shoes are appropriate.
- Not permitted: flip flops, hiking boots.

GANNON CASUAL DAYS DRESS CODE

GU or Faculty will announce casual days by email.

GU casual days

- Gannon shirts/sweatshirts.
- Maroon and/or Gold apparel.
- Jeans are acceptable on GU casual days.

LABORATORY DRESS CODE

Shirts/Sweatshirts/Jackets

- GU MAT Polo or T-shirts must be worn.

Pants/Shorts

- GU MAT Shorts must be worn.

Hats

- Hats are not permitted in the GU MAT laboratory.

Footwear

- Running, or supportive tennis shoes must be worn.

Grooming/Other

- Facial hair must be kept neatly trimmed.
- Long hair must be pulled back/put up in a neat and functional fashion at all times.
- Jewelry must be kept to a minimum (one small set of stud earrings allowed, only).
- No facial piercings (i.e. lips, nose, tongue, eyebrow, etc.).
- Fingernails need to be kept clean and trimmed, **NO fingernail polish or artificial fingernails.**

The laboratory dress code applies **at all times** during GUMAT laboratory classes.

4.2.7 Cell Phone Policy

- Cell phones are not permitted on-site during clinical experiences unless approved by the clinical site Preceptor. (For example, as part of an EAP)
- Cell phone must be set to vibrate or silent.
- At no time shall cell phones be utilized during clinical experiences for personal texting, social media, or games.
- Cell phones are not permitted to be out during class time unless the

Instructor requests use as a class activity.

4.2.8 Professional Communication

- Gannon University MAT Students are required to communicate in a professional and appropriate manner with all persons associated with the GU MAT and its affiliated clinical sites.
- You will find yourself interacting and communicating with a variety of individuals, with a variety of personalities and communication methods.
- It is imperative to understand your role as an MAT Student and communicate appropriately.

- Telephone
 - When leaving a voicemail, leave your name, title/affiliation, message, and contact information.
 - Your personal outgoing voicemail message should be professional.
- Text Messages
 - Maintain professionalism and proper etiquette in all text message communication. Do not use abbreviations (e.g. LOL, u, idk, etc.).
 - Use complete sentences to avoid sounding abrupt. However, if the message is too long, consider a phone call instead.
 - Double-check your message before hitting the send button.
- Email
 - All emails should be professionally addressed, written and signed. Use appropriate salutations (i.e. Dr., Mrs., Mr., etc.), grammar (i.e. complete sentences, punctuation, capitalization, etc.), terminology, and signature.
 - Email is easy to misinterpret unless you have made it very clear what you say. Readers of emails cannot see your face or hear your tone of voice.
 - Do not use e-mail as a medium for initiating or prolonging a disagreement. If you have a problem with an individual, we encourage you to resolve the situation face to face or over the phone.
 - If you read something that offends you, do not respond immediately. It may not have been intended to offend. Take time to calm down, reread, and respond without being offensive, only if you consider it worthy of a response.

4.2.9 Social Media Policy

- Definition of Social Media: includes but is not limited to blogs, podcasts, discussion forums, on-line collaborative information and publishing systems that are accessible to internal and external audiences (i.e., Wikis, RSS feeds, video sharing, Twitter, Facebook, Instagram, YikYak, Snapchat, and any other social networks).
- The Gannon University MAT respects the individual's decision to post materials on the web but also expects a certain standard of conduct regarding social media posts. Therefore, anything that portrays you, the GU MAT, or Gannon University in a negative light, including photographs and written comments is prohibited.
- Postings on personal profiles, groups, and chat rooms are in the public domain and easily accessible by anyone including but not limited to: reporters, parents, coaches, groupies, predators, employers, and other

university administration. Once information is posted online, computer savvy individuals can retrieve it even after it has been deleted.

- Refrain from posting, discussing, or speculating about internal information or operations of the MAT program or your clinical education site/team.

- As a member of the Gannon University MAT, it is considered inappropriate to:
 - Post photographs depicting harm/inappropriate behavior.
 - Post using the Gannon University or Gannon University MAT logos for endorsements.
 - Post using the Gannon University or the Gannon University MAT name to promote a product, cause, political party, or candidate.
 - Update/post to social media sites about team issues, clinical site issues, on or off campus.
 - Update/post to social media sites once inside the locker room for competition or during competition.
 - Post/tweet about internal matters involving the Gannon University MAT, the Gannon University campus, OR your clinical site.
 - Initiate or accept “friend” requests with patients/athletes on social media websites.
 - Initiate or accept “friend” requests with Faculty, Preceptors and/or Coaches.
 - Remember that you represent yourself, your family, Gannon University, and Gannon University MAT.

4.2.10 Travel Policy

- Traveling with an athletic team or to an athletic training conference/symposium as an ATS is a privilege. You are encouraged to travel for the experience, if the opportunity arises.
- When you are requested to travel with a team or to an academic conference, you are not automatically excused from your academic courses or your assigned clinical site.
- It is your responsibility as the Student to notify your Preceptors/Professors and request the permission to miss clinical/class. Travel is not a required part of your clinical course; therefore, it is not automatically an accepted course absence.
- Travel Procedures:
 - Be on Time: ATS must be on time to all Itinerary Activities. Preceptor will notify ATS of any time changes. Itinerary is always subject to change.
 - Dress appropriately. Check with Preceptor for Team Travel Dress Code.
 - Purpose: Your purposes for traveling with an athletic team is to function as an ATS, act accordingly. Your purposes for traveling to a conference is to attend educational sessions, act accordingly.
 - Once you leave campus as an ATS with a team or the Gannon University MAT, you are on official University business.
 - Your Preceptor or Faculty member is your immediate supervisor. The ATS is expected to travel to and from the event with the team/group.
 - Do not leave the hotel/team/group, unless you have made prior

arrangements with your Preceptor or Faculty member.

- During travel, you are a Gannon University Student and a member of the Gannon University MAT therefore must abide by the Gannon University Code of Conduct and Gannon University MAT Student Handbook.

4.2.11 Alcohol and Tobacco Policy

- Students will not consume alcohol or tobacco products while engaged in the clinical education portion of the Gannon University MAT. This includes anytime while traveling with clinical experience athletic teams.
- Outside of official University functions, students should use discretion when consuming alcohol.
- If you are of legal drinking age and choose to consume alcohol, do not wear any Gannon University Athletic Training apparel.
- Students are **discouraged** to consume alcohol in the presence of or with clinical education Athletes or Staff.
- A DUI may prevent you from eligibility for the BOC examination.

4.2.12 Gambling Policy

- Provide information to individuals involved in organized gambling activities concerning intercollegiate athletics competition.
- Solicit a wager on any intercollegiate team.
- Accept a wager on any team representing the institution.
- Participate in any gambling activity that involves intercollegiate athletics through a bookmaker, a parlay card or any other method employed by organized gambling.

4.2.13 Fraternalization Policy

- Personal relationships between **Athletic Training Students and Athletes/Patients, Graduate Assistants, Coaches, other Athletic Training Students, or other clinical site personnel** on any level other than collegial are **strongly discouraged**.
- When a non-platonic relationship develops between a Gannon University MAT student and any clinical site personnel, he/she is requested to disclose to a Gannon University MAT faculty member (Program Director or the Coordinator of Clinical Education) within 24 hours for clinical reassignment.
- Failure to disclose is a breach of ethical behavior and may result in dismissal from the Gannon University MAT.

4.2.14 Gannon University MAT Grievance Policy

- The grievance policy for the Gannon University MAT involves the following procedures:
 - If/when, a Student has a grievance; the Student should initiate discussion directly with the involved faculty member, peer, or preceptor to resolve the concern.
 - If the Student is uncomfortable directly addressing the individual, a third party may be asked to sit in on the meeting.
 - If involved parties are unable to resolve the differences, the student should provide a written complaint to the Program Director with in ten (10) working days following the non-resolution.
 - The Program Director will meet with all parties involved to discuss a resolution to the issue/grievance.
 - If the Student remains dissatisfied with the proposed resolution, the student

may file a complaint directly with the Associate Dean or Dean of the Morosky College of Health Professions and Sciences ten (10) working days. The Associate Dean can uphold the decision, offer another resolution, or refer the complaint to the Dean.

5. CLINICAL EDUCATION

5.1 Clinical Courses

- Clinical education experiences are assigned in the following academic courses:
 - GGMAT513 Clinical in Athletic Training I
 - GGMAT514 Clinical Experience in AT II
 - GGMAT542 Clinical Experience in AT III
 - GGMAT613 Clinical Experience in AT IV
 - GGMAT620 Clinical Experience in AT V
 - GGMAT640 Clinical Experience in AT VI

5.2 Preceptors

- Standard 31,32, 45 Preceptors for clinical experiences are Athletic Trainers or Physicians whose experience and qualifications include the following:
 - Licensure as a health care provider, credentialed by the state in which they practice.
 - BOC certification in good standing and state credential for preceptors who are solely credentialed as athletic trainers.
 - Planned and ongoing education for their role as a preceptor.
 - Contemporary expertise.
- Standard 46 Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program's policies and procedures.
 - 4.2.2.1 Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards (Standards 56 through 94).
- Standard 47 The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.
- Standard 48 Preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.
- Preceptors must demonstrate an understanding of and compliance with the Gannon University MAT policies and procedures.

5.3 Clinical Assignments

- Standard 17 Students are assigned a clinical experience in their respective clinical course. Clinical experience assignments include, but are not limited to:
 - throughout the lifespan (for example, pediatric, adult, elderly),
 - of different sexes,
 - with different socioeconomic statuses,
 - of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
 - who participate in non-sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).
- Students will be assigned to their clinical experience assignments by the Coordinator of Clinical Education (CCE).

- The CCE will do her best to assign students to clinical experiences aligning with student clinical/professional goals, however; student clinical assignments must follow the CAATE accreditation standards.
- If a student wishes to attend a ‘full-immersion’ clinical experience outside of the Ruskin area, the student must give the contact information for a potential clinical site to the CCE or PD. Students are not permitted to enter into any arrangements or agreements with potential clinical experience sites.

5.4 **Clinical Hour Policy**

- Students enrolled in clinical courses; 514, 542, and 620 will complete a minimum of 10 hours and a maximum of 35 per week.
- Students enrolled in full-immersion clinical courses; 513, 613, and 640 will complete a minimum of 20 hours a week a maximum of 60 hours a week.
- Each student will have a minimum of one (1) day off a week, each seven (7) days.
- Students may be expected to attend clinical experiences outside of the University Academic Calendar.
- “Quality educational clinical hours” are encouraged versus “quantity clinical hours.” Students should be actively learning during clinical hours, versus “sitting around.”

5.5 **Clinical Experience Evaluation**

Evaluations within each clinical course include:

- The Athletic training student (ATS) will evaluate their Preceptor.
 - Professionalism
 - Quality of Instruction and Student Learning
- The preceptor will evaluate the ATS.
 - Professionalism
 - ATS skills (semester in the program, level specific)
- In clinical courses, 514, 542, 620, and 640 evaluations will be completed mid and end semester.
- In clinical courses, 513 and 613 (three-week clinical course) evaluation will be completed at the end of the three-week clinical experience.
- Short-term clinical assignments (embedded within semester-long clinical experience courses) evaluations will be completed at the end of the short- term rotation.
- Athletic training students (ATS) must complete an evaluation (s) of their Preceptors in the following courses; 513, 514, 542, 613, 620, and 640 for course completion/to pass the course.

5.6 **Assignments/Coursework in the Clinical Experience Courses**

- Clinical experience courses contain your clinical experience attendance, participation and clinical integrated proficiencies evaluated by your Preceptor.
- Clinical Integrated Proficiencies (CIPs): Each syllabus will list the CIPs that are assigned to the clinical experience course.
- Clinical courses GGMAT 514, 542, 620 and GGMAT 504 (summer one) include a semester- end comprehensive program practical examination.

5.7 Clinical Education Health and Safety

- ***Prior to attending a clinical experience site, a student must have all program paperwork submitted and approved within their CastleBranch account.***
- For CAATE requirements/clinical education student safety, the below items must be completed prior to clinical experience attendance:
 - **Standard 24Q** Students must annually sign Technical Standards. (Appendix A)
 - **Standard 26B** Emergency Cardiac Care Training, CPR/AED certification.
 - **Standard 26C** Blood-borne Pathogen Training is completed annually (successful completion is documented by a minimum score of 80% on a BBP Quiz in the following courses: GGMAT 504 and 613) *(501 during the summer of 2020)*
 - **Standard 26 E** Students must read and sign the Gannon MAT Communicable Disease Policy. (Appendix C)
 - **Standard 26 F** Students must complete a physical/immunizations on the Gannon University form. (Appendix G).
 - **Standard 26 K** Students must have access to venue specific critical incident response procedures/ Emergency Action Plans (EAP) for each clinical site.
 - **Standard 26 G** Confidentiality: Students are required to follow relevant state and federal laws and policies related to privileged and protected information. Students must check with the clinical site preceptor regarding the site's policies on confidentiality.
 - Students will annually sign a GU MAT Acknowledgement of confidentiality form. (Appendix B)
 - HIPAA/FERPA Training is completed annually (successful completion is documented by a minimum score of 80% on a HIPAA Quiz in the following courses: GGMAT 504 and 613. *(501 during the summer of 2020)*)
 - Student Emergency Contact Information (Appendix F)

APPENDIX



**GANNON UNIVERSITY MASTER OF ATHLETIC TRAINING PROGRAM
TECHNICAL STANDARDS FOR ADMISSION**

The Gannon University Athletic Training Program (MAT) is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program activity. The technical standards set forth by the MAT establish the essential qualities considered necessary for students admitted to this program to achieve the competencies of an entry-level athletic trainer. The following abilities and expectations must be met by all students admitted to the ATP. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC exam.

Candidates for selection to the Athletic Training Program must demonstrate:

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 judgment 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 ATP curriculum 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.

Candidates for selection to the Gannon University MAT 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. The Gannon University Office of Disability Support Services (814-871-5522), located at Palumbo Academic Center 824 Peach St, Erie, PA 16541, will evaluate a student who states he/she could meet the program’s technical standards with accommodation and, **given appropriate documentation**, 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 accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework and clinical experiences deemed essential to graduation.

I certify that I have read and understood the technical standards for selection listed above, 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, I will not be admitted into the program.

Signature of Applicant: _____ Date: _____

Alternative statement for students requesting an accommodation:

I certify that I have read and understood the technical standards for 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 Gannon University Office of Disability Support Services (814-871-5522), located at Palumbo Academic Center 824 Peach St, Erie, PA 16541, 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 into the program.

Signature of Applicant: _____ Date: _____

**GANNON UNIVERSITY
Athletic Training Program
Acknowledgement of Confidentiality
HIPAA and FERPA**

As a student in the Athletic Training Program at Gannon University, I understand that I will be involved with sensitive and confidential Patient information.

I understand that what I learn and observe through my involvement in this program about personal patient information or any University or clinical site business is not to be discussed with anyone.

I also understand that I cannot access confidential information for any reason other than for that which I have been asked to do by my Preceptor.

I understand that the NATA Code of Ethics and the BOC Standards for Professional Practice serve as guidelines about the information I may be presented with during classroom and clinical experiences.

I understand that I am jeopardizing my opportunity to pursue the practical aspect of the Athletic Training experience and potentially subjecting the University to litigation for the violation of confidentiality as outlined in this document. A violation of this policy would result in disciplinary action by the Athletic Training Program Director, which may result in termination from the program.

Athletic Training Student- Print

Date

Athletic Training Student Signature

GU MAT Program Faculty Signature

Date

Gannon University
Athletic Training Program
Communicable Disease/ Bloodborne Pathogens

Policy and Procedures

The purpose of the Gannon University Athletic Training Program (GU MAT) Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the Athletic Training Students (ATS) enrolled within this academic program in addition to Patients that GANNON UNIVERSITY MAT Students may come in contact with during their clinical, educational experiences. This policy is designed to provide GU MAT Students, Preceptors, and Faculty with a plan to assist in the management of Patients with infectious diseases as defined by the Centers for Disease Control (CDC). This policy was developed using the recommendations established by the CDC for health care workers (<http://www.cdc.gov>).

What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact; air (through a cough, sneeze or other particulates inhaled); a vehicle (ingested or injected); and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

| | | |
|----------------------------|--|------------------------------|
| Conjunctivitis | Human immunodeficiency virus (HIV) | Rubella |
| Cytomegalovirus infections | Measles | Scabies |
| Diarrheal diseases | Meningococcal infections | Streptococcal infection |
| Diphtheria | Methicillin-resistant Staphylococcus aureus (MRSA) | Tuberculosis |
| Enteroviral infections | Mumps | Varicella |
| Hepatitis viruses | Pediculosis | Viral respiratory infections |
| Herpes simplex | Pertussis | Zoster |
| Coronavirus | | |

Guidelines for Prevention of Exposure and Infection

1. GU MAT Students will successfully complete the Gannon University MAT Blood borne Pathogen Training and quiz (80% or above) prior to clinical placement.
2. GU MAT Students are required to submit up-to-date verification of immunizations upon formal acceptance into the MAT Program.
3. GU MAT Students must have current immunizations, including:
 - a. Tetanus with Pertussis (Tdap) Booster required every ten years.
 - b. Childhood immunizations: (DPT/Polio/MMR) **Titers** required for MMR.
 - *If the titer is negative or equivocal, additional MMR Booster and all documentation must be submitted.*
 - c. Hepatitis B Series (may accept Hepatitis B surface antibody on a per case basis)
 - d. Chicken Pox (Varicella) Titer Required.
 - *If the titer is negative or equivocal must have two vaccinations 4-8 weeks apart.*
 - e. Annual Influenza Immunization.
 - f. TB Screening. Initial Two-step Mantoux TB Screening required.
 - *Repeated tuberculin skin tests are not required for positive reactors. The positive reactors must have a posterior-anterior (PA) chest x-ray completed and interpreted within the last six months on entrance to the program/ clinical rotation. Positive responders are required to complete the Annual Tuberculosis Screening Questionnaire each year subsequent to this examination period. For only Physician Assistant Students, a chest x-ray is required yearly.*
 - g. Each GU MAT Student is responsible for obtaining any additional immunizations tests required by their assigned clinical education sites.
 - h. GU MAT Students are responsible for all cost of immunizations, tests, and x-rays required by the GU MAT, as well as any required by the facility to which they are assigned. ATS's may utilize private Physicians for the required immunizations, tests, and x-rays, provided documentation, and pertinent results are provided to the Coordinator of Clinical Education or the Program Director
4. GU MAT Students will successfully complete Bloodborne Pathogen Training during each year as part of the following courses: GGMAT 504/GGMAT 613, and before being placed at a Clinical Experience/Clinical Education site.
5. GU MAT Students are required to obtain a physical and submit documentation of the physical to the Gannon University MAT upon formal acceptance.
6. GU MAT Students are required to use proper hand washing techniques and practice good hygiene at all times.
7. GU MAT Students are required to use Universal Precautions at all times. This applies to all clinical sites.
8. Patient care should not be performed when the GU MAT Student has active signs or symptoms of a communicable disease.

Guidelines for Managing Potential Infection

1. Any GU MAT Student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her supervising Preceptor immediately and to the Coordinator Clinical Education (CCE).
2. The incidence response procedure for the GU MAT is as follows:
 - a. For puncture injuries or cuts from sharps, expose, express (encourage bleeding if the wound is small) and thoroughly wash the wound area with soap and water for 15 minutes. If soap and water are not available, then an antiseptic (solution, wipe, spray) should be used.
 - b. Wash any area exposed to blood or OPIM with tepid water and soap for at least 5 minutes. Alcohol-based hand rinses, gels, foams (containing 60+% alcohol) should be used **on intact skin** when water is not available.
 - c. If splashes are to the eyes, irrigate eyes with clean water or commercially available eyewash solution for 15minutes.
 - d. GU MAT Students that have a blood or OPIM incident should immediately report to a Physician, Urgent Care, or Emergency Room.
 - e. The GU MAT Student will contact the Coordinator of Clinical Education (CCE) or the Program Director(PD).
 - f. The GU MAT Student and Preceptor must fill out a **GU MAT Incident Report Form**, signed by both the MAT Student and Preceptor. The completed form is given to the PDorCCE.
 - g. The GU MAT Student is responsible for all medical costs incurred regarding the exposure incident.
3. Any MAT Student, who demonstrates signs or symptoms of infection or disease that may place him/her and his/her patients at risk, should report that potential infection or disease immediately to his/her supervising Preceptor and CCE.
4. The MAT Student is responsible for keeping the Preceptor and CCE informed of his/her conditions that require extended care and/or missed class/clinical time. The MAT Student may be required to provide written documentation from a Physician to return to class and/or clinicalsite.
5. If an MAT Student feels ill enough to miss ANY class or clinical experience, the MAT Student should notify the appropriate Instructor or supervising Preceptor immediately.

By signing below, you indicate that you understand and will abide by the GANNON UNIVERSITY MAT's Communicable Disease Policy.

Athletic Training Student Name (Print)

Date

Athletic Training Student Signature

Student ID



GANNON UNIVERSITY
Athletic Training

Bloodborne Pathogen Exposure Control Procedures

Any Athletic Training Student sustaining a puncture injury, cut from sharps, or splatter to eyes, nose, or mouth should:

1. Immediately report the incident to your Preceptor.
2. For puncture injuries or cuts from sharps, expose, express (encourage bleeding if the wound is small) and thoroughly wash the wound area with soap and water for 15 minutes. If soap and water are not available, then an antiseptic (solution, wipe, spray) should be used.
3. Wash any area exposed to blood or OPIM with tepid water and soap for at least 5 minutes. Alcohol-based hand rinses, gels, foams (containing 60+% alcohol) should be used on intact skin when water is not available.
4. If splashes are to the eyes, irrigate eyes with clean water or commercially available eyewash solution for 15 minutes.
5. AT Students that have a blood or OPIM incident should immediately report to the nearest physician, urgent care, or emergency room.
6. The AT Student should contact the Coordinator of Clinical Education or Program Director.
7. The AT Student and Preceptor must fill out a GU MAT Incident Report Form.
8. GU MAT Incident Report Form, signed by both Student and Preceptor. The completed form is given to the Coordinator of Clinical Education.
9. The GU MAT Student is responsible for all medical costs incurred regarding the exposure incident.

GANNON UNIVERSITY
ATHLETIC TRAINING PROGRAM
Bloodborne Pathogen
Athletic Training Student Exposure Incident Report

This form should be filled out as soon as possible after an ATS exposure incident.

AT Student Name: _____ DOB: _____

GU Student ID: _____ AT Student Phone Number: _____

Preceptor: _____ Preceptor Phone Number: _____

1. Date of Exposure: _____

2. Time of Exposure: _____

3. Clinical Site\Location of Exposure: _____

4. Describe clearly and in detail how the incident occurred: _____

5. Were there any witnesses to incident, if so, list names: _____

6. Location medical attention was given (Emergency Room, Urgent Care, etc.):

Athletic Training Student Signature *Date*

Preceptor Signature *Date*

Coordinator of Clinical Education or Program Director *Date*

**GANNON UNIVERSITY
Athletic Training Program
HANDBOOK AGREEMENT**

I, _____, attest that I have read and understood the Gannon University Athletic Training Program Student Handbook.

I agree to the guidelines set forth both academically and clinically.

A breach of any Gannon University Athletic Training Program policy will result in written notification (Student Policy Violation form), disciplinary action, and may result in AT Program probation and dismissal.

Signature on this document is also a written commitment to represent the Gannon University and the Athletic Training Program in a mature and professional manner at all times.

Student Name (print) _____

Student Signature

Date

GU MAT Program Director Signature

Date

**Gannon University
Athletic Training Program
Student Policy Violation Form**

Student Name: _____ Date: _____

MAT Handbook Violation Number/Code of Conduct Violation: _____

Date/Time/Location of Violation: _____

Witness to Violation: _____

Brief Description of Violation: _____

Action taken by Preceptor (i.e., discussion with ATS, sent home for the day, no action taken):

Preceptor: _____

Signature _____ Date _____

Athletic Training Student: _____

Signature _____ Date _____

Action taken by Gannon University MAT: _____

PD or CCE _____

Signature _____ Date _____

AT Student _____

Signature _____ Date _____

**GANNON UNIVERSITY
Athletic Training Program
EMERGENCY CONTACT INFORMATION**

ATHLETIC TRAINING STUDENT NAME: _____

ALLERGIES/SPECIAL MEDICAL CONDITIONS: _____

EMERGENCY CONTACT # 1: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

RELATIONSHIP: _____

EMERGENCY CONTACT #2: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

RELATIONSHIP: _____

HEALTH INSURANCE COMPANY: _____

POLICY NUMBER: _____

NAME OF PRIMARY POLICYHOLDER: _____

**INS CO
ADDRESS** _____

**INS CO TELEPHONE
NUMBER** _____

I, GIVE PERMISSION FOR MY PRECEPTOR or PROFESSOR TO CALL THE ABOVE EMERGENCY CONTACT(S) IN THE EVENT OF AN EMERGENCY.

ATHLETIC TRAINING STUDENT DATE

WITNESS DATE

GANNON

UNIVERSITY

109 University Square • Erie, PA 16541

Morosky College of Health Professions and Sciences

PROGRAM:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> BSN | <input type="checkbox"/> PA |
| <input type="checkbox"/> RN-BSN | <input type="checkbox"/> RAD SCI |
| <input type="checkbox"/> RN- MSN | <input type="checkbox"/> OT |
| <input type="checkbox"/> SCHN | <input type="checkbox"/> DPT |
| <input type="checkbox"/> ND-PNURS | <input type="checkbox"/> RESP. TH. |
| <input type="checkbox"/> MSN_____ | <input type="checkbox"/> MAT |

CONFIDENTIAL HEALTH RECORD

PART 1: PERSONAL DATA

Student ID No. _____

Name _____ Social Security No. _____
LAST MIDDLE FIRST

Date of Birth _____ Sex: M F Marital Status _____
MONTH DAY YEAR

Permanent Home Address _____
STREET CITY, STATE, ZIP CODE

Home Phone: (_____) _____
AREA CODE

In case of emergency, notify: _____
NAME PHONE RELATIONSHIP

Family Health Care Provider: _____
NAME ADDRESS PHONE

Status (check one): Undergraduate Student Graduate Student

PART 2: IMMUNIZATION/ DISEASE HISTORY

SUBMIT PROOF OF ALL IMMUNIZATIONS AND TITERS

For all dates, please provide Month/Day/Year.

⇒ TETANUS with Pertussis (Tdap) DATE: _____ (Booster required every 10 years.)

⇒ TITERS ARE REQUIRED FOR MMR-YOUR HEALTH CARE PROVIDER NEEDS TO ORDER THE IgG TESTS.

For Physician Assistant (PA) students 2 MMR immunization dates and titers are required. DATES #1: _____ #2: _____

⇒ RUBELLA TITER DATE _____ RESULTS _____

⇒ RUBEOLA TITER DATE _____ RESULTS _____

⇒ MUMPS TITER DATE _____ RESULTS _____

If titer is negative or equivocal, additional MMR Booster and all documentation must be submitted.

⇒ HEPATITIS B Vaccine OR positive Antibody Titer (HBsAb).

Date #1 _____ Date #2 _____ Date #3 _____ Titer Result _____

If titer is negative, a second series of Hepatitis B vaccine is recommended. Retest for HBsAb 1-2 months after completing the series.

⇒ CHICKEN POX (VARICELLA) TITER: Date _____ Results _____ (Titers are mandatory for PA students)

OR CHICKEN POX Age _____; OR Vaccination #1: _____ #2: _____

If titer is negative or equivocal must have 2 vaccinations 4-8 weeks apart. Date #1 _____ Date #2 _____

⇒ ANNUAL INFLUENZA VACCINE: DATE _____

⇒ INTIAL TWO-STEP MANTOUX TB SCREENING

Mantoux#1 placed _____ read _____ result _____ Mantoux#2 placed _____ read _____ result _____

Repeated tuberculin skin tests are not required for positive reactors. The positive reactors must have a posterior-anterior (PA) chest x-ray completed and interpreted within the last 6 months on entrance to the program/ clinical rotation. Positive responders are required to complete the Annual Tuberculosis Screening Questionnaire each year subsequent to this examination period. For only Physician Assistant Students a chest x-ray is required yearly.

MENINGITIS VACCINE HIGHLY RECOMMENDED.

Please attach a photocopy of health insurance card to this form.

PART 3: PERSONAL HISTORY (Confidential)

A. List any medicine, food, or environmental substances in which you are allergic.

B. List any medication you are now taking (including birth control pill, vitamins, and herbal products).

C. Health Concerns/ Problems. If answer Yes, Please explain.

| | | | |
|--------------------------|---|--------------------------|---|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma_____ | <input type="checkbox"/> | <input type="checkbox"/> Feet_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Gastric/Digestive_____ | <input type="checkbox"/> | <input type="checkbox"/> Cardio-vascular_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Gynecological_____ | <input type="checkbox"/> | <input type="checkbox"/> Headaches_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes_____ | <input type="checkbox"/> | <input type="checkbox"/> Heart_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Disabilities_____ | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Ear_____ | <input type="checkbox"/> | <input type="checkbox"/> Kidney/Urinary_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Eczema/Skin_____ | <input type="checkbox"/> | <input type="checkbox"/> Mental Health/Illness_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Endocrine_____ | <input type="checkbox"/> | <input type="checkbox"/> Muscular/Skeletal_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Epilepsy_____ | <input type="checkbox"/> | <input type="checkbox"/> Neurological_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Eye_____ | <input type="checkbox"/> | <input type="checkbox"/> Substance Abuse_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Other_____ | | |

PART 4: CONFIDENTIAL PHYSICAL EXAMINATION

To be completed by Primary Health Care Provider. Gannon University Health Record for Clinical Clearance

Name _____ Height _____ Weight _____

Blood Pressure _____ Pulse _____ Eye Examination: Glasses Yes No Contact Lenses _____

Distant Vision: Right 20/ _____ Corr. To 20/ _____ Left 20/ _____ Corr. To 20/ _____

| | Normal | Abnormal | Notes on Abnormality |
|--------------------|--------------------------|--------------------------|----------------------|
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hearing | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Head | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ear, Nose & Throat | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neck, Thyroid/Node | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cardio-vascular | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Back & Extremities | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Reflexes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Required immunizations as listed on page one are complete Yes No

Please note allergies or sensitivities which may be significant _____

Please explain any physical or emotional conditions which you consider important _____

Is this student presently under medical therapy? Yes No If Yes, explain _____

Is this student capable of meeting the performance standards of a health care professional (see standards included in packet)?

Yes No If NO, explain _____

Health Care Provider's Name _____

PLEASE PRINT OR TYPE

Health Care Provider's Signature _____

Address _____ Date _____ Phone () _____