

Appendix B

SUNY Brockport Athletic Training Program

Physical Exam/Immunization Verification

The physical exam must be performed by a MD/DO/NP/PA in order to verify that the student is able to meet the physical and mental requirements-with or without reasonable accommodation-of an athletic trainer.

Physical Exam Summary

Student Name (Please Print)

Social Security Number

The above named student was examined by me. This student has been evaluated (and treated, if deemed necessary) to be able to work in a clinical athletic training setting and interact with patients.

Examiner Name and Credentials (Please Print)

Examiner Signature

Date

Vaccination Record:

Date:

Immunization

Hepatitis B Vaccine

Measles, Mumps, and Rubella

Tetanus/Diphtheria

PPD skin test – needs to be updated annually

Influenza Vaccine – needs to be updated annually