

# **APPENDIX F**

## **Forms**

**HEPATITIS B VACCINE RECORD**

Please complete either part A or part B.

**A. Hepatitis B Vaccination Dates**

Please indicate the date and location for each phase of the vaccination. Following the dates and locations of each phase of the vaccination, please sign and date.

1. Phase I. Date: \_\_\_\_\_ Location: \_\_\_\_\_

2. Phase II. Date: \_\_\_\_\_ Location: \_\_\_\_\_

3. Phase III. Date: \_\_\_\_\_ Location: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. Hepatitis B Vaccination Declination**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at my own expense.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Monthly Clinical Log – Fall

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Month: \_\_\_\_\_

Assignment Location: \_\_\_\_\_

How many hours did you average per week this month? \_\_\_\_\_

How many total hours did you work this month? \_\_\_\_\_

Break down into percentages how your time was spent during the month:

Patient Rehab/treatment \_\_\_\_\_

Evaluation of injury \_\_\_\_\_

Practice coverage \_\_\_\_\_

Cleaning \_\_\_\_\_

List what area, if any, (knee, ankle, shoulder, etc.) you treated /evaluated/ or rehabilitated:

- 
- 
- 
- 

List what nonorthopedic conditions, if any, (cold, flu, GI issue, etc.) you treated/evaluated:

- 
- 
- 
- 

Did you have one day off per week? \_\_\_\_\_

Any additional comments?

**Preceptor Name:** \_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_

**This form is due:**

September record due on **October 8<sup>th</sup>**

October record due on **November 7<sup>th</sup>**

November record due on **December 7<sup>th</sup>**

December record is due **December 17<sup>th</sup> – or when you leave after clinical is complete**

**Please return completed form to Dr. Wells' office – 228E SFH – Thank you**

## Monthly Clinical Log – Winter

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Month: \_\_\_\_\_

Assignment Location: \_\_\_\_\_

How many hours did you average per week this month? \_\_\_\_\_

How many total hours did you work this month? \_\_\_\_\_

Break down into percentages how your time was spent during the month:

Patient Rehab/treatment \_\_\_\_\_

Evaluation of injury \_\_\_\_\_

Practice coverage \_\_\_\_\_

Cleaning \_\_\_\_\_

List what area, if any, (knee, ankle, shoulder, etc.) you treated/ evaluated/ or rehabilitated:

- 
- 
- 
- 

List what nonorthopedic conditions, if any, (cold, flu, GI issue, etc.) you treated/ evaluated:

- 
- 
- 
- 

Did you have one day off per week? \_\_\_\_\_

Any additional comments?

**Preceptor Name:** \_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_

**This form is due:**

January record due on **February 9<sup>th</sup>**

February record due on **March 10<sup>th</sup>**

March record due on **April 10<sup>th</sup>**

April record is due **April 25<sup>th</sup> – or when you leave after clinical is complete**

**Please return completed form to Dr. Wells' office – 228E SFH – Thank you**

## EXSC 654

### Nonorthopedic Evaluation Encounters

Name \_\_\_\_\_

Clinical Assignment Location / Sport \_\_\_\_\_

Record in SOAP note fashion one patient nonorthopedic encounter you had during September at your clinical assignment involving a primary evaluation: Airway, Breathing, Circulation.

*Evaluate and record the following:*

<b>Respiratory Rate</b>	
<b>Pulse Rate</b>	
<b>Blood Pressure</b>	

*Evaluate and record the SOAP note following the example:*

<b>S</b>	headache, ear pain, pain with light, nausea, vomiting
<b>O</b>	blurred vision, altered gate slightly, normal respiration rate, normal temp, no redness seen in ear
<b>A</b>	possible migraine headache
<b>P</b>	preceptor gave permission to give OTC pain meds for today and tomorrow morning. Athlete excused from practice and will report in the morning for follow-up. Was told to call if condition worsened

<b>S</b>	
<b>O</b>	
<b>A</b>	
<b>P</b>	

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

## EXSC 655

### Nonorthopedic Evaluation Encounters

Name \_\_\_\_\_

Clinical Assignment Location / Sport \_\_\_\_\_

Record in SOAP note fashion one patient nonorthopedic encounter you had during March at your clinical assignment involving a primary evaluation: Airway, Breathing, Circulation.

*Evaluate and record the following:*

<b>Respiratory Rate</b>	
<b>Pulse Rate</b>	
<b>Blood Pressure</b>	
<b>Temperature</b>	

In addition, indicate other specific structures you evaluated for the condition, what type of evaluation you performed, and any tools that were used in your evaluation, including tools used in the above evaluation.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>abdomen</i>	<i>auscultation</i>	<i>stethoscope</i>

*Evaluate and record the SOAP note following the example:*

<b>S</b>	stomach pain, nausea, diarrhea, bloating, no
<b>O</b>	Walking slightly bent over, point tenderness over lower abdomen, fever
<b>A</b>	Stomach virus
<b>P</b>	Gave athlete Pepto-Bismol to help with irritation, suggested BRAT diet, will refer to physician if it does clear or improve

<b>S</b>	
<b>O</b>	
<b>A</b>	
<b>P</b>	

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

## EXSC 656

### Nonorthopedic Evaluation Encounters

Name \_\_\_\_\_

Clinical Assignment Location / Sport \_\_\_\_\_

Record in SOAP note fashion one patient nonorthopedic encounter you had during September at your clinical assignment involving a nonorthopedic condition.

**Evaluate and record the following:**

<b>Respiratory Rate</b>	
<b>Pulse Rate</b>	
<b>Blood Pressure</b>	

In addition, indicate other specific structures you evaluated for the condition, what type of evaluation you performed, and any tools that were used in your evaluation, including tools used in the above evaluation.

Examples of conditions to evaluate include: ear aches, sore throats, cold and flu, abdominal issues, skin rashes, etc.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>Ear</i>	<i>visual</i>	<i>otoscope</i>

**Evaluate and record the SOAP note following the example:**

<b>S</b>	ear ache, ringing in ear, sinus pressure
<b>O</b>	increased redness in ear, fluid in ear, wax, no fever
<b>A</b>	ear infection
<b>P</b>	refer to physician for further evaluation

<b>S</b>	
<b>O</b>	
<b>A</b>	
<b>P</b>	

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

## EXSC 657

### Nonorthopedic Evaluation Encounters

Name \_\_\_\_\_

Clinical Assignment Location / Sport \_\_\_\_\_

Record in SOAP note fashion one patient complete nonorthopedic encounter you had during March at your clinical assignment involving a nonorthopedic condition. Indicate if you performed a primary survey during your evaluation. List all structures, evaluations, and tools performed during your complete evaluation.

	<u>Structure</u>	<u>Evaluation</u>	<u>Tool(s)</u>
<i>Example:</i>	<i>body</i>	<i>temperature</i>	<i>Oral thermometer</i>
	<i>Throat</i>	<i>redness, swollen</i>	<i>pen light</i>
	<i>Chest</i>	<i>auscultation</i>	<i>stethoscope</i>

**Evaluate and record the SOAP note following the example:**

<b>S</b>	heavy productive cough, body aches, complains of chills, sore to swallow
<b>O</b>	fever, redness in throat, productive cough, swollen glands, and raspy breath sounds
<b>A</b>	possible strep throat
<b>P</b>	refer to physician for further evaluation

<b>S</b>	
<b>O</b>	
<b>A</b>	
<b>P</b>	

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



## SUPERVISION POLICY

The purpose of this policy is to clearly define the roles and responsibilities of BYU athletic training students during unsupervised clinical experience.

### Definitions:

- **Supervised Clinical Experience:** One in which a program-approved preceptor, or another approved health care professional such as a doctor or PT associated with the BYU athletic training program (ATP) is physically present and can intervene on behalf of the athlete or patient. This means that the preceptor has both auditory and visual contact with the student.
- **Unsupervised Clinical Experience:** One in which a program-approved preceptor or another approved health care professional such as a doctor or PT associated with the BYU athletic training program is NOT physically present to intervene on behalf of the athlete or patient. This would include practice situations where no preceptor is present, as well as unsupervised travel.

Students must be directly supervised by a preceptor during the delivery of AT services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student or the patient.

As the role of a first responder is not clearly defined, permissible unsupervised activities include:

1. Skills performed with previous prescription and parameters approved by the preceptor.
2. Use of first aid skills.
3. Use of CPR/AED.
4. Applying tape to prevent an injury or support an existing injury already prescribed.
5. Applying a brace already being used.
6. Applying splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury.
7. Conducting a history as part of the evaluation.
8. Conducting a brief injury evaluation to determine the need for splinting, bracing, or crutch use for safe referral.
9. Applying ice or hot packs.
10. Aiding in stretching.
11. Writing progress notes to record actions taken.

Nonpermissible activities include:

1. Initiating, changing, or progressing a rehabilitation plan.
2. Using any modalities other than ice or hot packs.
3. Conducting a full, new evaluation of an injury.
4. Making a return-to-play decision in the absence of the preceptor becomes the responsibility of the coach.

I, \_\_\_\_\_, have read and fully understand the definitions and athletic training student responsibilities described in this policy and **voluntarily** agree to act as a first responder, thus accepting the liability for my actions, if the situation warrants.

\_\_\_\_\_  
Athletic Training Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator of Clinical Education signature

\_\_\_\_\_  
Date

Coordinator of Clinical Education signature

Date

**ATS COURSE COMPLETION LIST**

<b>Course</b>	<b>Enrolled</b>	<b>Completed</b>
<b>EXSC 501–Pathophysiology for the Athletic Trainer (3.0).</b> Foundational understanding of the physiology underlying common systemic diseases. Recognize, evaluate and differentiate common systemic diseases. <i>Note: This is a prerequisite course and does not count toward program total hours.</i>		
<b>EXSC 514–Advanced Athletic Training Lab (1.0).</b> Advanced athletic training skills, including taping, bracing and splinting, custom-fitted equipment, massage and stretching techniques, and emergency splinting and transport.		
<b>EXSC 515–Therapeutic Interventions 1, Modalities (3.0).</b> Principles of therapeutic interventions: healing, hydrotherapy, massage, traction, radiant energy, heat, cold, electrotherapy and rehabilitation. Application of healing and therapeutic modality theories to injured athletes and physically active individuals.		
<b>EXSC 516–Orthopedic Evaluation 1, Lower Extremities (3.0).</b> Advanced principles of lower-extremity injury evaluation; evaluation techniques for the lower extremities.		
<b>EXSC 517–Ortho Eval 2, Upper Extremities &amp; Trunk (3.0).</b> Advanced principles of injury evaluation; evaluation techniques for the upper extremities and trunk.		
<b>EXSC 518–Therapeutic Interventions 2, Rehabilitation (3.0).</b> Knowledge in and application of rehabilitation theories with regards to therapeutic exercise for injured and uninjured physically active individuals.		
<b>EXSC 601–Pharmacology in Athletic Training (3.0).</b> Foundational concepts in pharmacology and pharmacological interventions for students in a variety of allied health professions. Specifically tailored to the Athletic Training master's student.		
<b>EXSC 602–Graduate Athletic Training 1 (2.0).</b> Review of the practice of athletic training, from professional organizations, legal and ethical foundations, care of injury ranging from emergencies to orthopedic evaluation and systemic pathology.		
<b>EXSC 603–Graduate Athletic Training (2.0).</b> The practice of athletic training from professional and legal behavior to care of injury ranging from policies and procedures to orthopedic evaluation.		
<b>EXSC 625R–Clinical &amp; Ed Admin (TC 011) (2.0).</b> Administration and management practices and issues in athletics, athletic training, medicine, and various education settings. Ethical, moral legal, communication, and professional etiquette are core concepts discussed.		
<b>EXSC 635–Evidence-Based Practice (2.0).</b> Focus on research, both from the clinical involvement or consumer and the researchers' perspectives. Developing a clinical question and finding supporting evidence is the key to better outcomes. Patient outcome measures will be learned, analyzed and practiced.		
<b>EXSC 654–Athletic Training Clinical Education 1 (2.0).</b> Laboratory and field experience. First of four Athletic Training specialization and clinical experiences (internships).		
<b>EXSC 655–Athletic Training Clinical Education 2 (2.0).</b> Laboratory and field experience. Second of four Athletic Training specialization and clinical expectations experiences (internships).		
<b>EXSC 656–Athletic Training Clinical Education 3 (2.0).</b> Laboratory and field experience. Third of four Athletic Training specialization and clinical expectations experiences (internships).		
<b>EXSC 657–Athletic Training Clinical Education 4 (2.0).</b> Laboratory and field experience. Fourth of four Athletic Training specialization and clinical expectations experiences (internships). Prepares students to practice as certified athletic trainers.		
<b>EXSC 688R–Athletic Training Internship (2.0).</b> Additional credit hours or fifth semester for athletic training clinical education experience or immersive internship experience for MAT students.		
<b>EXSC 697–Capstone (2.0).</b> Synthesizing and integrating classroom and clinical experiences in preparation for BOC exam resulting in certification of athletic trainers.		



## ATHLETIC TRAINING PROGRAM

# GRIEVANCE FORM

*Name of Complainant*

*Date Filed*

*Complaint*

*Brief description of grievance*

*Detail steps taken to resolve this grievance*

*Preceptor Signature*

*Date Received*

*ATP Director Signature*

*Date Received*

### ACTION TAKEN

#### ☐ Grievance Resolved – No Further Action

I agree that the grievance that was filed on \_\_\_\_\_ was resolved to my satisfaction. I consider this grievance claim to be resolved and will pursue no further action.

*Complainant Signature*

*Date*

#### ☐ Grievance Unresolved — Further Action Necessitated

The grievance that was filed on \_\_\_\_\_ was not resolved to my satisfaction on \_\_\_\_\_. I have chosen and will follow university and/or departmental policy grievance procedures until this grievance is resolved.

*Complainant Signature*

*Date*

BYU Athletic Training Program Competency and Clinical Proficiency Checklist		Name	
		Date Admitted	
#	Name	Initials	Date
101	Policies and Procedures		
102 A	Modality Review		
102 B	Electrical Stimulations		
103 AB	Superficial Heat		
104 AB	Cryotherapy, Cryokinetics, Cryostretch		
105	Care of Emergency Conditions		
106	Deep Heat Care		
107	Therapeutic Massage		
108 A	Foot, Ankle, Lower Leg Evaluation		
109	Knee and Thigh Evaluation		
110	Hip and Pelvis		
111	Lumbar Spine Evaluation		
201 A	Upper Extremity Anatomy and Specials Test Review		
201 B	Rehabilitation Equipment Review		
201 C	Taping		
202	Alter G Machine and Water Treadmill		
203	Neuromuscular Control – Rehabilitation		
204	Thoracic Spine and Abdominal Evaluation		
205	Shoulder Tests / Evaluation		
206 A	Elbow Evaluation		
206 B	Wrist Evaluation		
207	Cervical and Head Module		
208	Head and Face Evaluation		
209	Hip and Thigh Evaluation		
301	Administrative Policies, Procedures and Forms		
303	Athletic Training Equipment and Supplies		
304	Emergency Action Plan Summary		
305	Care of Emergency Conditions		
306	General Medical Assessment		
300	General Medical Overview		
307	Management of Common Viral and Respiratory Tract Conditions and Disorders		
308	Management of Common Cardiovascular and GI Tract Conditions and Disorders		
309	Management of Common Genitourinary, Gynecological, and Sexual Related Conditions,		
400	Policies		
401	Pharmacy		
402	Nutrition and Eating Disorders		
403	Thoracic Spine and Abdominal Injury		
404	Shoulder Injury Management		
405	Upper Arm, Elbow, and Forearm Injury Management		
406	Wrist and Hand Injury Management		
407	Cervical Spine Injury Management		
408	Head and Face Injury Management		
409	Dermatological Conditions		
410	Management of Common Syndromes and Diseases		

**ATS CHECKLIST FOR GRADUATION****SEMESTER OF PROGRAM ADMISSION****ADMISSION CRITERIA**

- ☐ Signed technical standards
- ☐ Physical examination
- ☐ Immunization records

**VERIFICATION OF COMPLETED ATHLETIC TRAINING STUDENT HANDBOOK FORM***Date completed**PD/CCE Signature***HEPATITIS B VACCINATION DECLINATION/VERIFICATION FORM***Date completed**PD/CCE Signature***REVIEW OF CLINICAL EDUCATION POLICY***Date completed**PD/CCE Signature***REVIEW OF COMMUNICABLE DISEASE POLICY***Date completed**PD/CCE Signature***ANNUAL FIRST AID, CPR, AND AED TRAINING** *(place copy of card in your folder in 228 SFH)**First Year – date completed**PD/CCE Signature**Second Year – date completed**PD/CCE Signature***ANNUAL EXPOSURE CONTROL PLAN, BLOOD BORNE PATHOGEN/OSHA TRAINING***First Year – date completed**PD/CCE Signature**Second Year – date completed**PD/CCE Signature***HIPPA & FERPA TRAINING***Date completed**PD/CCE Signature**Date completed**PD/CCE Signature***STATE, DISTRICT, OR NATIONAL MEETING ATTENDANCE***Dates of attendance**PD/CCE Signature**Meeting attended*

**EVALUATIONS** (*Google Forms*)

- ☐ Semester 1 Preceptor of Student Level 1  
☐ Semester 2 Preceptor of Student Level 2  
☐ Semester 3 Preceptor of Student Level 3  
☐ Semester 4 Preceptor of Student Level 4

- ☐ Student of Preceptor / ☐ Student Self-Eval  
☐ Student of Preceptor / ☐ Student Self-Eval  
☐ Student of Preceptor / ☐ Student Self-Eval  
☐ Student of Preceptor / ☐ Student Self-Eval

**CLINICAL EXPERIENCES WITH DIFFERENT POPULATIONS****Different Sexes***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Varying Levels of Activity and Athletic Ability***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Protective Equipment***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Throughout the Lifespan***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Different Socioeconomic Statuses***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Nonsport***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Nonorthopedic Conditions** (e.g., primary care, internal medicine, dermatology)*Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***Early Start or Late Finish (Semester)***Semester/Preceptor**Semester/Preceptor**PD/CCE Signature***VERIFICATION OF COMPLETION OF COMPETENCIES AND CLINICAL PROFICIENCIES***Semester 1 – Date completed**PD/CCE Signature**Semester 2 – Date completed**PD/CCE Signature**Semester 3 – Date completed**PD/CCE Signature**Semester 4 – Date completed**PD/CCE Signature*

**Clinical Site Evaluation**

<b>Location</b>		
<b>Venue / Sport</b>		
<b>Date</b>		
<b>Preceptor</b>		
<b>Students Assigned</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students being supervised?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students adhering to the dress code established by preceptor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modalities being used correctly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modality calibrations current and displayed?	
	<b>Modality</b>	<b>Date Calibrated</b>
	1.	
	2.	
	3.	
	4.	
	5.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are EAPs displayed or accessible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does each venue have an EAP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do students know location of EAPs?	
	Are students familiar with site's policies on the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	FERPA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIPPA?	

**What is the patient population or demographic with which the students are interacting?**

**Are there any immediate concerns evident?**

☐ No   ☐ Yes – if yes, please explain:

**How is student time being utilized?**

**Additional Comments**



Athletic Training Program

**VERIFICATION FORM FOR COMPLETING  
ATHLETIC TRAINING STUDENT HANDBOOK**

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I, \_\_\_\_\_, have read and understand the BYU athletic training student handbook, including the document detailing the additional Costs to students, including clarification on clinical rotations, specifically Nonsport and Variety of Nonorthopedic Conditions.

Do you have any questions regarding the material presented in the ATS handbook?

☐ Yes      ☐ No

If yes, were your questions answered to your satisfaction?

☐ Yes      ☐ No

\_\_\_\_\_  
*Athletic Training Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*BYU ATP Director Signature*

\_\_\_\_\_  
*Date*