



College of Education and Health Professions
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To the Athletic Training Education Program,

I certify that I have examined _____(Name)
_____(SS# or UID)

based on the Athletic Training Education Program technical standards. During this evaluation I find no medical reasons that would prevent this individual from participating in the Athletic Training Education program at the University of Arkansas.

Regards,

Signature, physician completing the exam

Date

Printed name of the examining physician