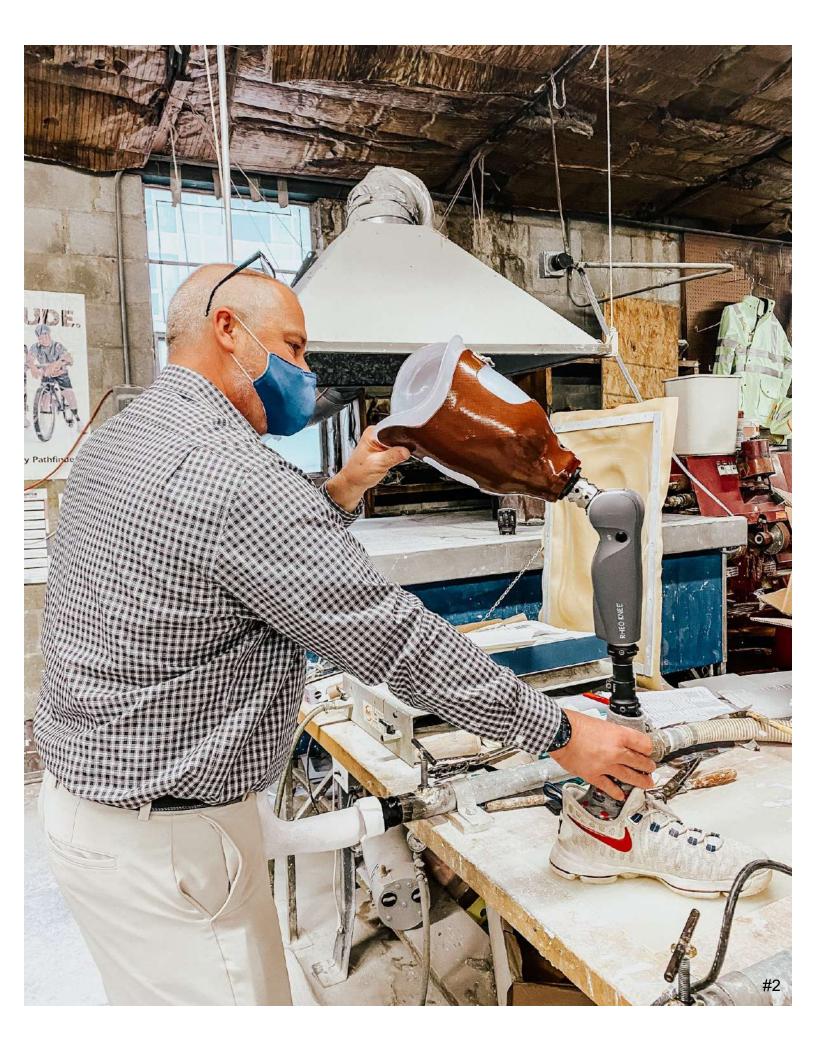


Athletic Training is a very unique occupation in the medical field because of the variety in the schedule, different settings and the requirements to become a certified athletic trainer. As a trainer, one must manage, prevent, evaluate, and rehabilitate injuries. To become a certified athletic trainer, an individual must obtain an entry level master's degree, complete clinical rotations each semester, and sit for the national certification in order to legally practice. Athletic training can have many different settings including youth, high school, college, and professional levels. Along with all of these settings there are multiple sports that need to be covered. One day you may be sitting in a warm gym watching basketball practice and the next you are standing outside in the cold rain at a baseball game. Eva Beaulieu, the certified athletic trainer at McEachern High School, says, "One benefit of my job is playing a role in an athlete's career and helping them return to the sport they love after an injury another benefit is the friendships I have gained over the years." One challenge many athletic trainers face is having a limited training staff but having to treat hundreds of athletes. This means that there is often limited time to give each athlete the ideal one-on-one attention for evaluation or rehabilitation. When asked what advice she had for someone that was interested in pursing a career in athletic training Eva said, "It will be difficult but for every hard day, there will be three great days. For every coach you but heads with, there will be a handful of coaches that sing your praises and for every stubborn athlete there will be ten who latch onto every word you say, see results, and will never forget how you cared for them and helped them get better."

Photo #(s)	Competitor Name Kristen Farrell
If multiple facilities are use completed.	ed for the three photos, each facility needs a permission form
Facility Photo Per	mission Form
Facility Name: LOVIN Facility Address: 2400	
Date(s) Photos Were Take	019101
Did this facility have their of	own permission forms the competitor was required to complete?
YES of NO? (circle	one) If yes, attach a copy of that permission form to this page.
Name of Authorized Repre to take photos at the facilit	esentative from Facility, stating permission was granted for the competitor
Name (please print):	Myra Camese
Title: Hiller	us Director
0/	zed Facility representative: Mysa Carriese
Date signed:	· Jack

	HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS Patient/Subject Photo Release Form
	Photo # Competitor Name Kyistevi Favvell
	I understand that, under the United States Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information.
	 (a) Record my likeness and voice on a video, audio, photographic, digital, electronic of any other medium. (b) Use my name in connection with these recordings. (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD - ROM, Internet/www) these recordings for any purpose that HOSA-Future Health Professionals, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.
	I will allow these photos to be shared with other professionals and patients strictly in an educational setting. HOSA-Future Health Professionals will have permission to use these photos in the manner described above unless I request it to no longer use them. I waive any right that I may have to inspect and approve the finished product that may be used or the use to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.
	A written request form is available to do so. I understand that by allowing HOSA-Future Health Professionals to use my photos, they are able to share "before and after" images to educate and explain procedures, possible results of the treatment, and career information. I understand that I have the option to decline this request, and am not obligated in any way to provide permission to us these photos.
	I will allow HOSA-Future Health Professionals to share my digital patient photos with other professionals and students in an educational setting. I release and agree to hold harmless HOSA-Future Health Professionals and those acting pursuant to its authority from liability for any violatio of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of HOSA-Future Health Professionals. I have read and fully understand the terms of this release. Please check one option below: Full Photo Series
	Close up photos only (no full face)
	Subject Name: EVA Bequieu Date: 2/9/21
99	Signature:
ı	If subject under 18 years of age, signature of parent is required:
	Potes

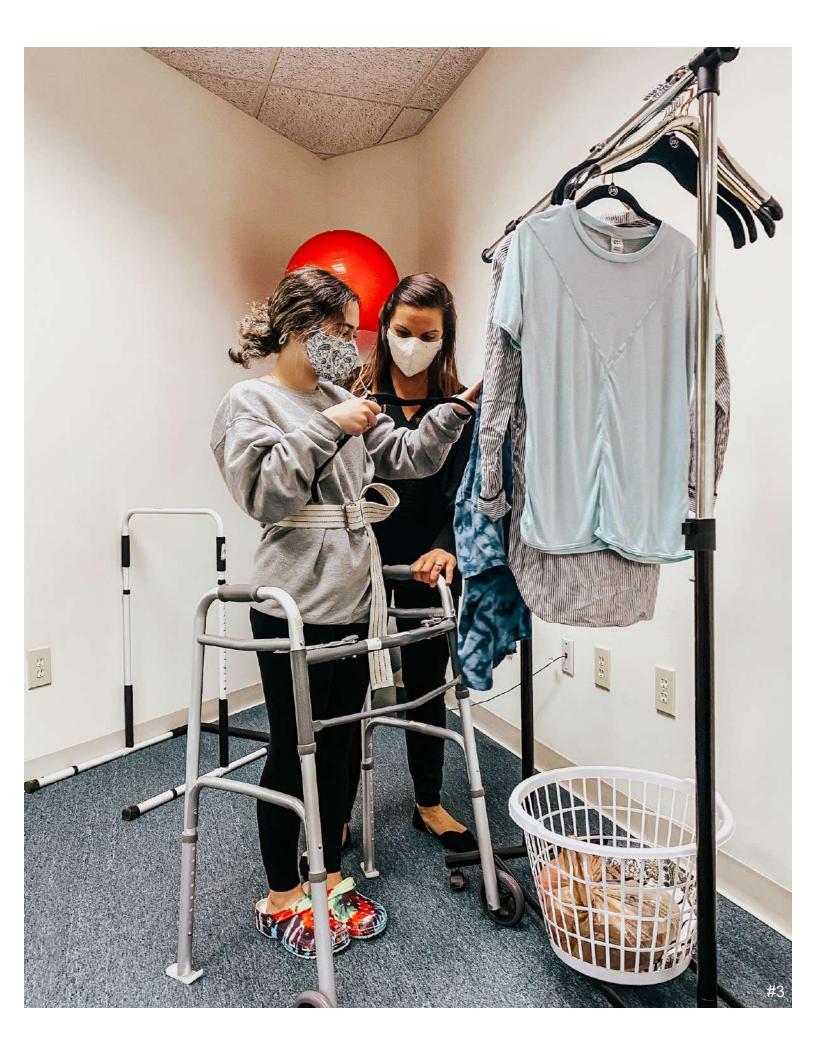
Patient/Subj Each photo, at Photo #	ject Photo Re and each patient	subject needs a permi	ission form complete ime <u>KyrStevi</u> FA	rd. YYEV		
1996 (HIPAA received, rea	I have certand, and unders	e United States Heain rights to privacy stand your Notice of disclosures of my	regarding my prot Privacy Practices	ected he containi	alth information	i. I have
I hereby auth (a) (b) (c)	Record my any other m Use my nar Use, reprod tapes, CD - Future Heal	Future Health Profe likeness and voice nedium. me in connection w duce, exhibit or distr ROM, Internet/www lth Professionals, a , including promotion	on a video, audio ith these recording ribute in any medi w) these recording nd those acting p	, photogi gs. um (e.g. gs for an ursuant t	raphic, digital, of print publication purpose that	electronic o ons, video HOSA-
setting, HOSA described abo inspect and a now and/or in	A-Future Heal ove unless I re approve the fir the future, w	be shared with other th Professionals will equest it to no longe hished product that hether that use is k ation arising from o	I have permission or use them. I wait may be used or the crown to me or un	to use the any right use to use to the use to the total total to the total total total to the total tot	ese photos in t ght that I may h which it may t and I waive any	the manner have to be applied y right to
Professionals explain proced	to use my pho dures, possible	ailable to do so. I un otos, they are able e results of the trea his request, and am	to share "before a tment, and career	nd after" informat	images to eduction. I understar	cate and nd that I
professionals a Future Health of any persona such recording	and students in Professionals alor proprieta alor proprieta alor, in whateve I have read a cone option bel	ealth Professionals to an educational set and those acting arry right I may have be medium, shall resent fully understandow: Photo Series	etting. I release ar pursuant to its au in connection will main the property	nd agree thority fro th such u of HOS	to hold harmle om liability for a use. I understar A-Future Healt	ess HOSA- any violation and that all
	Close	up photos only (no	full face)			
Subject Name:	_ Luhe	Vance		_Date: _	2-9-21	
Signature:	ule fla	we-				
If subject under	18 years of a	age, signature of pa	erent is required:			
Signature: 4	und The			Date: _	2-9-21	
f subject under		age, signature of pa	arent is required:	Date; _	2-9-21	



Orthotics and Prosthetics is an occupation in the medical field that is often overlooked but is absolutely necessary. Many times, when individuals think of the medical field they think of doctors, surgeons, and dentists but orthotics and prosthetics is a very special field because it mixes patient care with lab work. Orthotists and prosthetists have to watch and asses an individual's difficulties, weaknesses then figure out a plan of action and a design that will best help their patients resume a safe and efficient gait. To enter this field, you have to have all of your prerequisites from undergraduate school and then enter into a post graduate program. After school, one is required to obtain a year of residency for each discipline. The individual must also sit for a three-part board exam and then become licensed if the state they plan to practice in requires it. Neal Counts, CO/LO and CEO at C.H Martin Company in Atlanta said, "The last thing this profession is, is vanilla, mundane, and repetitive." A benefit of a career in orthotics and prosthetics is that every day is different because you are always working with different people, at different places, and assessing different pathologies. A difficulty that comes along with this career is that sometimes patients will have unrealistic expectations, are in denial, and have depression because of their condition. Neal said that for him personally, "compliance with scoliosis bracing is the most challenging aspect of his job, especially when dealing with resistant teens." Neal also expressed that there is a great need for orthotists and prosthetists throughout our nation and even the world. This occupation is great for individuals looking to pursue a career in the medical field, wanting to work alongside patients but also has a strong engineering mindset. Personally, this is a career that I am interested in pursuing.

Photo #(s) 2	Competitor Name Kristen Farrell
If multiple facilities are used completed.	for the three photos, each facility needs a permission form
Facility Photo Perm	ission Form
Facility Name: C.H. M	lavier Company ortholics and prosthetic Marietta St. NW Atlanta, GA 30313
Facility Address: 329 N	lavietta St. NW Atlanta, GA 30313
Date(s) Photos Were Taken	at the Facility: 2/11/21
Did this facility have their ow	n permission forms the competitor was required to complete?
YES or NO? Pircle on	e) If yes, attach a copy of that permission form to this page.
Name of Authorized Represe to take photos at the facility:	entative from Facility, stating permission was granted for the competitor
Name (please print): _	
Title: <u>CO/LO & (</u>	280
	Facility representative:
Date signed: 2/11	121

Patient/Subj	ect Photo Re	lease Form		
Photo #		subject needs a permission to Competitor Name	Kvisten Favrell	
1996 (HIPAA received, rea	 I have certa d, and unders 	e United States Health In in rights to privacy regard tand your Notice of Priva disclosures of my health	ding my protected he cy Practices containi	alth information. Thave
I hereby auth (a) (b) (c)	Record my any other n Use my nar Use, repro- tapes, CD - Future Hea	likeness and voice on a nedium. ne in connection with the	video, audio, photog ese recordings. in any medium (e.g. ese recordings for an ose acting pursuant	to its authority, deem
	app. opilate	, including promodorial c	advertising energy	
setting. HOS described ab inspect and a now and/or in	A-Future Hea ove unless I r approve the fi n the future, v	Ith Professionals will have equest it to no longer use	e permission to use the them. I waive any ribe used or the use to to me or unknown,	o which it may be applied and I waive any right to
Professionals explain proce	s to use my ple edures, possib on to decline	vailable to do so. I unders notos, they are able to shale results of the treatmen this request, and am not	are "before and after nt, and career informa	images to educate and
professionals Future Health of any person such recordin Professionals	and students h Professiona nal or proprie ngs, in whate s. I have read one option b	ils and those acting purs tary right I may have in over wer medium, shall remain and fully understand the	g. I release and agre uant to its authority f connection with such the property of HO	e to hold harmless HOSA- rom liability for any violatio use. I understand that all SA-Future Health
	Clo	se up photos only (no full	I face)	
Subject Nam	7.00	Counts	Date:	2/11/21
Subject Nam	1		?	
Signature:	1	Je ()		
If subject und	der 18 years o	f age, signature of paren	t is required:	
		environment benefit vivil est		
Signature:			Date:	



Occupational Therapy is a field that is necessary for individuals who are overcoming an injury to be able to perform everyday tasks that are necessary for normal life. Some responsibilities of occupational therapists include scheduling, evaluation, appointment care, treatment, assessing progress, discharging patients, working with insurance companies and even little things like simply maintaining the office space. To become an occupational therapist, one must obtain a masters degree which includes four years of undergraduate school and a two-year occupational therapy program. Alongside schooling, one must complete various internships. During these internships you get to see a little bit of everything and this allows you to figure out what you specifically want to specialize in: geriatrics, pediatrics, physical rehabilitation, etc. You also get to complete a longer internship, about six months, in whatever area you decided to specialize in. Jessica Taylor, occupational therapist and owner of NeuroTrain rehab in Marietta, says, "My favorite part of my job is seeing people get better and do things that they thought they wouldn't be able to do again." Jessica emphasized that documentation was a big challenge because it is difficult to spend time outside of interacting with the patient and get everything you did in an hour session in one report. This makes it difficult to get a true picture of the level of intensity of the patient's treatment. For anyone interested in occupational therapy or any healthcare related field Jessica advises that you go into it with a desire to continue learning because medicine is always changing and that you must have a heart for helping people.

Photo #(s) 3	Competitor Name Kysten Farrell
If multiple facilities are used for to completed.	the three photos, each facility needs a permission form
Facility Photo Permiss	ion Form
Facility Name: NeuroTv	ain Rehab
Facility Address: 2265 K	oswell Rd marietta GA 30062
Date(s) Photos Were Taken at the	e Facility: 2 10 12 1
	mission forms the competitor was required to complete? /es, attach a copy of that permission form to this page.
Name of Authorized Representati to take photos at the facility:	ve from Facility, stating permission was granted for the competitor
Name (please print): Jes	Sica Taylor
Title: OWNEV	
Signature of Authorized Fac	cility representative: Tau
Date signed: 2 10121	