



Physical Examination Form

INSTRUCTIONS TO STUDENT:

| Last Name: | | | | | _ First Na | nme: | | | | Middle Initial | |
|----------------------|------------|-----------------|------------------|-----------|--|---------------|--------------|------------|---|--------------------------------|--|
| DOB (MM/DD/YYYY): | | | | | SSN: | | | | | | |
| | | | | | ion that would prevent me from performing the essential requirem | | | | | | |
| | ease of my | medical informa | tion to clinical | | | | | | | rstand that I may be dismissed | |
| Signature | | | | | | | | | [| Date | |
| PLEASE NOTE: | THE REMA | INDER OF THIS | S FORM MUST | BE FILLED | OUT AND | O SIGNED BY A | LICENSED PRA | CTITIONER. | | | |
| Gender: | Heig | jht: | Weight: | | T: | P: | R: | BP: | / | _ | |
| Vision: OD | 0S | Corrected? | □Yes | □ No | | | | | | | |
| | | NORMAL | ABNORMAL | NOTES | | | | | | | |
| Ears | | | | | | | | | | | |
| Throat | | | | | | | | | | | |
| Tonsils | | | | | | | | | | | |
| Thyroid | | | | | | | | | | | |
| Skin | | | | | | | | | | | |
| Skeletal | | | | | | | | | | | |
| Heart | | | | | | | | | | | |
| Chest | | | | | | | | | | | |
| Abdomen | | | | | | | | | | | |
| Lungs | | | | | | | | | | | |
| Lymph Nodes | | | | | | | | | | | |
| Hernia | | | | | | | | | | | |
| Reflexes | | | | - | | | | | | | |
| Balance | | | | | | | | | | | |
| Coordination Gait | | | | | | | | | | | |
| Additional Notes | / Summary | : | | | | | | | | | |
| | | | | | | | | | | | |
| Family History: _ | | | | | | | | | | | |
| History of Menta | | | | | | | | | | | |
| Allergies: | | | | | | | | | | | |
| Drug Reaction or | | | | | | | | | | | |
| J | / | | | | | | | | | | |





| Number 1 2 3 Hepatitis B Tite Tetanus prote Date of most re ENDORSEME Health Care Prote I have given | Date of Vaccination Date of Vaccination Titer R Protion is demonstrated by documentation Exercised tetanus: NT Devider must fill out in full to validate. | Vaccination Lot # esults: on of a tetanus immunization. Tetanus | | | | | |
|---|---|--|--|--|--------------------|--|--|
| Number 1 2 3 Hepatitis B Tite Tetanus prote Date of most re ENDORSEME Health Care Pro | Date of Vaccination er Date: Titer R ection is demonstrated by documentation ecent tetanus: NT evider must fill out in full to validate. | Vaccination Lot # esults: on of a tetanus immunization. Tetanus | must be updated with a | ny breach in skin integrity. | | | |
| Number 1 2 3 Hepatitis B Tite Tetanus prote Date of most re | Date of Vaccination er Date: Titer R ection is demonstrated by documentation ecent tetanus: | Vaccination Lot # | | | Given by (Initial) | | |
| Number 1 2 3 Hepatitis B Tite Tetanus prote | Date of Vaccination Per Date: Titer Reduction is demonstrated by documentation decent tetanus: | Vaccination Lot # | | | Given by (Initial) | | |
| Number 1 2 3 Hepatitis B Tite | Date of Vaccination Per Date: Titer Resection is demonstrated by documentation | Vaccination Lot # | | | Given by (Initial) | | |
| Number 1 2 3 Hepatitis B Tite | Date of Vaccination Pr Date: Titer R | Vaccination Lot # | | | Given by (Initial) | | |
| Number 1 2 3 Hepatitis B Tite | Date of Vaccination Pr Date: Titer R | Vaccination Lot # | | | Given by (Initial) | | |
| Number 1 2 3 | Date of Vaccination | Vaccination Lot # | Dosage | Site of Vaccination | Given by (Initial) | | |
| Number 1 2 | | | Dosage | Site of Vaccination | Given by (Initial) | | |
| Number | | | Dosage | Site of Vaccination | Given by (Initial) | | |
| Number | | | Dosage | Site of Vaccination | Given by (Initial) | | |
| injections and | | | | 41. 41. 4 | | | |
| | munity must be documented by record of epatitis B must have received the first to | of three hepatitis B immunizations AN wo of three hepatitis immunizations ir | D a positive hepatitis an the first series in order t | tibody titer report. Students wh to matriculate. Please submit th | | | |
| Disea | se (month/year) | Immunization #1 Immunization #2 | | | | | |
| • Rube | | lm-m-1m-±1 #1 | T ** | | | | |
| | , , | Immunization #2 | | | | | |
| Mum Disea | ps se (month/year) | _ Immunization #1 | Titer | | | | |
| Marin | m.c | Immunization #2 | Kesult | | | | |
| Disea | se (month/year) | | | | | | |
| • Meas | les | minumzation #2 | nesure | | | | |
| Disea | se (month/year) | _ Immunization #1 Immunization #2 | | | | | |
| | ella (Chickenpox) | | | | | | |
| immunization | can be completed by your provider, or yo s). Each of the four diseases require eith ease include proof of the result. | | | | | | |
| IMMUNIZATI | | | | | | | |
| 300 | ep 2 Date F | Result | | | | | |
| | | Result | | | | | |
| | | | | | | | |
| program. Noto Ste | e: Students with a positive TB result will | | | | | | |
| A two-step TB program. Noto Ste | · | | | | | | |

THE STUDENT SHOULD RETURN COMPLETED FORM TO STUDENT SERVICES AT THE ADDRESS BELOW.

Fax

City, State, Zip