



Entrance Physical Examination: ONLY FOR HEALTH OCCUPATION STUDENTS
(To Be Completed by a Physician)

Name: _____ Date: _____

Age: _____ Height: _____ B/P: _____ Pulse: _____ Temp: _____

HISTORY: Illness (mental or physical), operations, injuries, etc.

MEDICATION(S) APPLICANT IS CURRENTLY TAKING:

Vision: R _____ L _____ EARS: Condition: R _____ L _____
(with Glasses) R _____ L _____ Hearing: R _____ L _____

TONSILS: _____ NOSE: _____ SINUSES: _____ THYROID: _____

SKIN: _____ POSTURE: _____ ORTHHPEDIC CONDITION: _____

FEET: R _____ L _____ VARICOSE VEINS: Yes No

ABDOMEN: _____ HERNIA: _____

LUNGS: _____ HEART: _____

GENITOURINARY SYSTEM: _____

TB SKIN TEST*: _____ Date Given
_____ Date Read
_____ Results

** IF TB TEST HAS EVER BEEN POSITIVE, A CHEST X-RAY REPORT DONE WITHIN THE LAST 6 MONTHS IS REQUIRED.

DOES THE APPLICANT HAVE ANY PHYSICALLY LIMITING CONDITION(S) THAT WILL REQUIRE SPECIAL CONSIDERATION AND/OR ACCOMODATIONS (SOME EXAMPLES: PREGNANCY, BACK PROBLEMS PREVENTING LIFTING OF PATIENTS) IN NURSING ASSISTANT, EMERGENCY MEDICAL TECHNICIAN, PHLEBOTOMY, OR NURSING TRAINING?

Yes No If yes, please give details the extent of the limitation and necessary accommodation.

Physician's Signature: _____

Address: _____

City, State, Zip: _____

Telephone: _____