



DELTA COLLEGE STUDENT PHYSICAL EXAMINATION FORM

(All health records submitted become property of Delta College. Students are encouraged to make copies for their own record before submitting. Only the original of this form will be accepted.)

Name _____ Student Number _____

Clinical Program Enrolled In _____

Address _____

Phone _____ Emergency Contact Person/Phone _____

PLEASE NOTE: Before placement with any clinical agency is permitted, clinical program students must submit documentation to verify the following:

- (1) Current Physical Examination (using this form)
- (2) Current *Negative** TB Test Result (cannot be administered within 30 days of any immunizations)
- (3) Hepatitis B Vaccine or Signed Waiver
- (4) Tetanus (Td) Immunization (within the last 10 years) or Titer
- (5) Measles/Mumps/Rubella (MMR) Immunizations (except those born before 1957) or Titer
- (6) Current CPR for the Professional Rescuer or American Heart Association Certification

(*If your skin test is *positive*, verification of absence of TB must be documented annually in accordance with current established protocol.)

STUDENT PERSONAL HEALTH HISTORY

Yes No 1. Are you currently under medical care? If yes, explain.

Yes No 2. Are you currently under psychological care? If yes, explain.

Yes No 3. Are you currently taking any prescribed medications? If yes, explain.

Yes No 4. Have you ever had a latex sensitivity reaction or are you allergic to latex? If yes, explain.

Authorized Provider Verification - I have reviewed and discussed the above personal health history with the student.

AUTHORIZED PROVIDER SIGNATURE
(Physician/Physician's Assistant/ Nurse Practitioner)

DATE

