



# 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 (please print) \_\_\_\_\_ 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
- (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

(\*If your skin test is *positive*, verification of absence of TB must be documented annually by a physician's statement, or by a chest x-ray every two years.)

## STUDENT PERSONAL HEALTH HISTORY

Yes  No 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**

Please complete both sides of this form

The typical demands placed on the health career student in training, as well as on the entry-level health career provider, are listed below. Are you aware of any condition(s) that might limit this student with regards to any of these typical demands?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>STRENGTH</b> – Frequently and repetitively perform physical activities requiring ability to push/pull or lift objects of 50 pounds independently, and more than 50 pounds with assistance and to transfer objects or patients of more than 100 pounds.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MANUAL DEXTERITY</b> – Consistently perform simple gross motor skills such as handshaking, writing, and typing; and complex fine motor manipulative skills such as insertion of IV lines, calibration of equipment, drawing blood, endotracheal intubation, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>COORDINATION</b> – Consistently perform gross body coordination such as walking, filing, retrieving equipment; tasks that require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking B/Ps, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MOBILITY/ENDURANCE</b> – Consistently perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating and reaching.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VISUAL DISCRIMINATION</b> – Consistently see objects far away, discriminate colors, and see objects closely and peripherally as in reading faces, dials, monitors, fine small print, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HEARING</b> – Consistently hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CONCENTRATION</b> – Consistently concentrate on essential details even with interruptions such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ATTENTION SPAN</b> – Frequently attend to tasks/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CONCEPTUALIZATION</b> – Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MEMORY</b> – Remember tasks/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>COMMUNICATION</b> – Interact non-verbally and verbally in an appropriate manner. Read and interpret written instructions of information functionally in English.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MENTAL STABILITY</b> – Demonstrate a non-disruptive, positive attitude; the mental capacity to function effectively under stress and have control of his/her emotions.

### AUTHORIZED PROVIDER SUMMARY ASSESSMENT

(Physician/Physician's Assistant/Nurse Practitioner)

Considering this student's physical examination (and personal health history on other side), are there any conditions, disabilities, or limitations that could restrict the student's participation in a health career educational program or limit subsequent employability?

Yes  No Explain (Attach a separate sheet if necessary)

Are there any accommodations necessary for this student?  Yes  No Explain

Are there any special precautions, restrictions, or conditions that might result in an emergency (e.g., allergies, latex sensitivity, diabetes, seizure disorder, fainting, other) in the classroom or during clinical practice?  Yes  No Explain

<p><b>The Authorized Provider completed, conducted, reviewed and/or verified all sections of this physical exam form.</b></p> <hr/> <p><b>AUTHORIZED PROVIDER'S SIGNATURE &amp; DATE</b> (Physician/Physician's Assistant/Nurse Practitioner)</p> <hr/> <p><b>AUTHORIZED PROVIDER'S NAME PRINTED</b></p> <hr/> <p><b>AUTHORIZED PROVIDER'S OFFICE PHONE</b></p>	<p><b>Given these typical demands, are there any medical conditions, disabilities, or limitations that could restrict your participation in a health career education program, or limit subsequent employability?</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No          (*Attach a separate sheet and explain any accommodations necessary for you to meet the job requirements.) I understand all of the explanations above and have been given ample opportunities to have all of my questions answered, AND, I certify that my answers on this form and all other forms are true and complete. I also understand that I may be denied acceptance into or removed from a program if any of this information has been falsified. I give Delta College permission to contact my physician and any other health care provider to seek further information pertinent to my admission, matriculation and retention in any health career education program. I give my health care providers my permission to release any and all information requested by Delta College.</p> <hr/> <p><b>STUDENT'S SIGNATURE</b> _____</p> <hr/> <p style="text-align: right;"><b>DATE</b> _____</p>
---	---