

Physical Examination Form

Student Name:		Sex:	Sex: M F Birth date:						
Training Program:	☐ Medical Assistant	Professional Healt	Professional Health Care Worker (CNA)						
TO BE COMPLETE	O BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER								
1. Is the student abl	le to perform the duties neces nd employement?	sary for the training program	_						
2. Medications used	d: Prescription and over-the-co	ounter (attachments may be	added)						
<u>Name</u>	<u>Indi</u>	<u>cation</u>	Frequency						
	cal history, accidents, surgerie	<u>-</u>							
The above named ha		lisabling disease nor health c							
Examiner Name (pl	ease print):	Phone	e:						
Examiner Signatur	e:	Date: _							
0 1	to release a copy of this form	•							
Student Signature		Data							



Physical Examination Form (Continued)

Student Name:						
Required Tuberculosis Scr	reening (PPD)					
o Be Completed by Physi	cian or Nurse Practitio	<u>mer</u>				
Option 1:		Initials	Date and	Results		
Quantiferon- Gold						
Option 2: Please note: Step 1 and Step 2 must be 1-3 weeks apart.	Date Administered	Initials	Date and Result in Millimeters			
Step 1:						
Step 2:						
Chest x-ray (if positive PPD, otherwise, N/A)	Please attach results	ase attach results				
mmunization History To Be Completed by Physi						
Please attach lab results ar	id/or immunization red	cord				
Immunization	Date(s) Given		Titer Results	Initials		
Hepatitis B (3-part series or T	iter)					
Varicella (2-Vaccines or Tite	er)					
Tdap (every 10 years)						

Please email the completed form to:

MMR(Measles/Mumps/Rubella)

(2 Vaccines or Titer)

Influenza