Physical Examination Form

Student Name: _____ Sex: ☐ M ☐ F Birth date:_____

Training Program: ☐ Medical Assistant ☐ Professional Health Care Worker (CNA)

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

1. Is the student able to perform the duties necessary for the training program checked above including a clinical externship and employement?

_____

_____

2. Medications used: Prescription and over-the-counter (attachments may be added)

Name	Indication	Frequency

3. Significant medical history, accidents, surgeries, back problems, communicable diseases:

_____

_____

4. Examination Comments and findings:

_____

_____

The above named has neither communicable nor disabling disease nor health condition that would create a hazard to himself, visitors, classmates or patients at this time. He/she is able to perform the physical activities required for the training.

Examiner Name (please print): _____ **Phone**: _____

Examiner Signature: _____ **Date**: _____

I give permission to release a copy of this form to affiliating clinical facility. This information is held in confidentiality by the course instructor and the client services department of JobTrain.

Student Signature: _____ Date: _____

JOBTRAIN

Physical Examination Form (Continued)

Student Name: _____

Required Tuberculosis Screening (PPD)

To Be Completed by Physician or Nurse Practitioner

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**		

Immunization History

To Be Completed by Physician or Nurse Practitioner

Please attach lab results and/or immunization record

Immunization	**Date(s) Given**	**Titer Results**	**Initials**
Hepatitis B (3-part series or Titer)			
Varicella (2-Vaccines or Titer)			
Tdap (every 10 years)			
MMR(Measles/Mumps/Rubella) (2 Vaccines or Titer)			
Influenza			

Please email the completed form to:

Jennifer Hollington, jhollington@jobtrainworks.org (San Jose Medical Assistant & CNA)
Layal Shouman, lshouman@jobtrainworks.org (SSF Medical Assistant & Menlo Park Evening-Medical Assistant
Adi Valencia-Sanchez, avalencia-sanchez@jobtrainworks.org (Menlo Park Day-Medical Assistant)