

Office Use Only:

ATTENTION ALL HEALTH PROFESSIONS STUDENTS: Please download the [Health Clearance Checklist](#) located on our website for more detailed information on the requirements for Health Clearance prior to starting your Clinical rotation.

PHYSICAL EXAMINATION (To be completed by Medical Provider)

Physical Examination is required annually. Physical Exam Date _____

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mo/day/yr)	STUDENT ID#		
TEMP	RESP	PULSE (sitting)	BLOOD PRESSURE (sitting)	HEIGHT	WEIGHT	BMI (Body Mass Index)
VISION: Right Eye 20/_____		Left Eye 20/_____		Corrected: Right Eye 20/_____		Left Eye 20/_____

MEDICAL HISTORY

ALLERGIES: _____ **MEDICATIONS:** _____

REVIEW OF SYSTEMS:

- Respiratory _____
- Cardiovascular _____
- GI tract _____
- GU tract _____
- Musculoskeletal _____
- Neurological _____

PHYSICAL EXAM

General Appearance/Mental Status: _____

Check appropriate answer	Normal	Abnormal	Comment on abnormalities
Head/face/scalp			
Neck/nodes/ thyroid			
Eyes/Ears/Nose/Sinuses			
Mouth and teeth			
Pharynx and tonsils			
Lungs and chest			
Breasts			
Heart (size, rhythm, murmurs)			
Abdomen (scars, hernia, mass)			
Genitourinary (pelvic in females)			LNMP ___/___/___
Anus, rectum (prostate in males)			
Extremities			
Spine and musculoskeletal			
Peripheral vascular system			
Skin and lymphatics			
Neurological, reflexes			

LABORATORY DATA (Required for Health Professions Students)

You must submit a copy of lab reports for serological test for syphilis. Clearance will not be given without copies of lab reports.

Serological Test for Syphilis: Name of Test _____ Date: _____ Result: _____

Urinalysis Date: _____ Protein _____ Glucose _____ **Hg/Hct** (females only) Date: _____ Results: _____

Stool Culture: Date _____ Results _____ **(Nutrition Only)**

Nasal Culture: Date _____ Results _____ **(Pediatric Rotation Only)**

TUBERCULOSIS SCREENING Annual PPD-Mantoux tests are required. Please document dates for the last two PPD readings:

Date skin test placed ___/___/___ Date skin test read ___/___/___ Reading in mm induration: _____
 Date skin test placed ___/___/___ Date skin test read ___/___/___ Reading in mm induration: _____

A Two step PPD-Mantoux is required for all Health Professions students if their last PPD was placed > one year ago.

(The second PPD must be placed no earlier than a week after the first PPD but no later than 3 weeks after the first PPD is placed)

Date 1st PPD Placed: ___/___/___ Date PPD Read: ___/___/___ Reading in mm induration: _____mm
 Date 2nd PPD Placed: ___/___/___ Date PPD Read: ___/___/___ Reading in mm induration: _____mm

If PPD is positive, you must submit a copy of a chest x-ray report done within the last six months.

Date of Chest X-Ray _____ Result: _____

RESTRICTED ACTIVITY: No Yes Reason for Restriction: _____

Provider's Signature and Title: _____ **Date:** _____

Provider's Name and Title: _____ **Office/Clinic Phone No:** _____

Office/ Clinic Name _____ **Office/Clinic Address** _____ **City/State** _____