

PHYSICAL EXAMINATION AND HEALTH DOCUMENTATION FORM

A medical history and physical exam is required as part of student clinical requirements prior to entry into a professional degree program at UTC. Immunizations, titers and TB skin tests must be completed as part of this and then updated as necessary. The physical exam should be completed using Parts I and II of this form by the student's primary care provider or the University's Student Health Services.

The student must provide all information on Part I of the form as well as proof of immunizations received (Hepatitis B series, Varicella, Rubella, and Tetanus). The TB skin test or any needed vaccinations may be administered by the student's primary care provider or the University's Student Health Services. This form and all documentation of immunizations and TB skin test should be submitted to Student Health Services for review and completion. Parts I and II of the form will be retained at Student Health Services. Part III of the form will be returned to the student to submit to the appropriate department with all other clinical requirements.

PART I: GENERAL INFORMATION

To be filled out by the student and submitted with Part II to primary care provider completing physical examination.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

UTC Mocs Net Id: _____ Birthdate: _____

Phone Number: _____ Date of Last Physical Exam: _____

Please check whether or not you now have or have had any of the following:

Condition	Yes	No	Describe
Allergy			
Emotional Disorders			
Hearing/Vision Impaired			
Heart Problem			
Migraine			
Diabetes Mellitus			
Kidney Disease			
Tuberculosis			

PART II: PHYSICAL EXAM

To be filled out by the primary care provider completing student's physical examination and to be retained with Part I in the University's Student Health Services.

Student Data: Height _____ Weight _____ BMI _____ B/P _____ P _____ R _____

Color Vision Screening _____ Vision R eye _____ L eye _____ Both eyes _____

Please examine this student as you would for a routine check-up, considering age, history and the fact that the student will be working closely with hospitalized patients as well as with families and groups in the community. Indicate any abnormal findings.

HEENT: _____

Cardiac: _____

Pulmonary: _____

Abdomen: _____

Musculoskeletal: _____

Neurological: _____

Does this student have limitations which require reasonable accommodations? _____

If yes, please list _____

Is this student cleared for participation in the clinical setting? Yes _____ No _____

Does this student require any follow-up health supervision? Yes _____ No _____

If so, what do you recommend? _____

Examiner: _____ Date Examined: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature of Examiner: _____

By signing below, I give UTC Student Health Services permission to release Part III of this form to the student's department of record with all other clinical requirements.

Signature of Student

Student's Major Department

Date

PART III: HEALTH DOCUMENTATION

To be filled out by UTC Student Health Services and given to student to submit to the UTC Program with all other clinical requirement documentation.

Name: _____ UTC ID: _____

Program: Athletic Training

A medical history and physical exam is required prior to entry in to the professional programs at UTC. Immunizations must be completed and/or updated as necessary, and records of these immunizations must be retained in Student Health Services. Students are responsible for adding this form to their clinical packets after it has been completed at Student Health Services.

PHYSICAL EXAM:

_____ was examined at _____ on _____. The physical examination form issued by the professional programs in the College of Health, Education and Professional Studies at UTC has been completed in full and will remain on file along with proof of necessary immunizations at UTC Student Health Services for the duration of the student's tenure at UTC.

_____ is able to attend clinical courses with no restrictions.

_____ is able to attend clinical courses with the following restrictions:

VACCINATIONS:

Documentation of the following requirements is on file at Student Health Services. Please include the dates of the following:

- Drug Screen (10 panel) Negative (_____)
- TB Skin Test Completed (_____)
- Hepatitis B Vaccine/Titer (_____) Booster if not immune, (_____)
- Varicella Vaccine/Titer (_____) Booster if not immune (_____)
- Measles, Mumps & Rubella Vaccine/Titer (_____) Booster if not immune (_____)
- Tetanus, Diphtheria and Acellular Pertussis Vaccine (Expires: _____)
- Influenza Vaccine (_____)

SIGNATURE OF CLINICIAN: _____ **DATE:** _____