

**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 titers received (HepB series, Varicella, Rubella, 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 titers 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 MocsNet 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:  Physical Therapy       Occupational Therapy

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 Titer (\_\_\_\_\_) Vaccine if not immune, (\_\_\_\_\_)
- Varicella Titer (\_\_\_\_\_) Vaccine if not immune (\_\_\_\_\_)
- Measles, Mumps & Rubella Titer (\_\_\_\_\_) Vaccine if not immune (\_\_\_\_\_)
- Tetanus, Diphtheria and Acellular Pertussis Vaccine (Expires: \_\_\_\_\_)
- Influenza Vaccine (\_\_\_\_\_) – not required of Gateway RN-BSN students

**SIGNATURE OF CLINICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_