

Health History & Physical Examination Form

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Emergency contact:

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

15 July – 19 August, 2019

Complete the Health and Physical Exam form and submit to Cindi Woodard no later than NOON on Thursday, 19 August, 2019. All questions must be answered leaving no blanks. Write N/A if not applicable.

1. **HEALTH HISTORY: OMISSIONS OR FALSIFICATIONS OF HISTORY WILL RESULT IN DENIAL OF ADMISSION INTO THE MEDICAL ASSISTANT PROGRAM**

A. List any *physical or mental illness conditions* for which you are currently being treated:

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- 
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B. List any current medications/treatments related to "A." above:

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- 

C. List any physical limitations or other health problems:

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D. List any history and/or treatment for drug or alcohol addiction:

E. List any history and/or treatment of mental illness:

This page has been reviewed by your medical provider: \_\_\_\_\_

Physicians' signature

Date

**2. PHYSICAL EXAMINATION** (Must be completed by an MD, DO, ANP / FNP, PA-C, ND)

General Appearance: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	WNL	COMMENTS / FINDINGS / RESTRICTIONS
HEENT		
Derm		
Respiratory		
Nervous system		
Cardio-Vascular		
GI		
GU		May be deferred to Specialist
Musculoskeletal <ul style="list-style-type: none"> <li>• Back Exam</li> </ul>		
Endocrine <ul style="list-style-type: none"> <li>• CBg as indicated</li> </ul>		

Notes / Comments:

**3. LICENSED HEALTH EXAMINER'S STATEMENT of INDIVIDUAL PROFESSIONAL STANDARDS**

*Please mark either (Yes) or (No) Comments / Concerns / Restrictions on the following –*

- **Strength and mobility** sufficient to perform patient care activities and emergency procedures.  
 Examples of relevant activities:
  - Safely transfer patients / move patient in wheelchair
  - Ability to lift / move 50 lbs
  - Repetitive bending, squatting and twisting motions
 ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Physical endurance** sufficient to complete assigned periods of clinical practice.
  - Prolonged time on feet (10-12hr)
  - Prolonged time on shift moving about in the care of patients and in physician support
 ✓ **(Yes) (No) Comments / Concerns / Restrictions:**

- **Emotional stamina & stability** to function effectively under stress including managing full time, intensive career-technical education program, the pace of the ambulatory medical setting; to adapt to frequently changing situations; the ability to remain calm in urgent or emergency situations and to follow through on assigned patient care responsibilities.
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Visual acuity** sufficient to assess patients and their environments.
  - Examples of relevant activities:
    - Accurately read medication labels and information; equipment specifics
    - Draw up the correct quantity of medication into a syringe
    - Detect changes in skin color or condition; rashes, lesions, sutures
    - Collect data from recording equipment and measurement devices used in patient care
    - Detect a fire in a patient area and initiate emergency action
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Hearing ability** sufficient to assess patients and their environments.
  - Examples of relevant activities:
    - Clearly communicate in telephone conversations; taking phone messages
    - Communicate accurately with patients and with other members of the healthcare team
    - Detect sounds related to bodily functions using a stethoscope or other medical equipment
    - Detect audible alarms within the frequency and volume ranges of sounds generated by mechanical systems that monitor bodily functions
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Olfactory ability** sufficient to assess patients.
  - Examples of relevant activities:
    - Detect foul odors emitted from the body or bodily fluids: infections / breath
    - Detect smoke from burning materials
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Tactile ability** sufficient to assess patient.
  - Examples of relevant activities:
    - Detect changes in skin temperature
    - Detect unsafe temperature levels in heat-producing devices used in patient care
    - Detect anatomical landmarks
    - Ability to detect pulse points for vital signs
    - Ability to detect veins for venipuncture
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Fine motor skills** sufficient to perform psychomotor skills integral to patient care.
  - Examples of relevant activities:
    - Activate safety devices, safely dispose of needles in sharps containers
    - Manipulate small equipment, such as B/P cuff, containers, syringes, vials/ampoules, and medication or equipment packages to administer medications.
    - Wound care
  - ✓ **(Yes) (No) Comments / Concerns / Restrictions:**

- **The ability to communicate effectively in English (speak, read and write), and to comprehend in English** at a level that meets the expectation for accurate, clear, and effective communication *without patient safety concerns* in the educational or medical setting.  
✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- **Cognitive ability** to collect, analyze and integrate information and knowledge; in addition to following multistep instructions, in order to respond by making appropriate, safe and clinically sound judgments, multitasking as done in the clinical setting and the ability to make patient management decisions that promote positive patient outcome.  
✓ **(Yes) (No) Comments / Concerns / Restrictions:**
  
- Current prescribed medications can be safely taken while administering medical assisting care to patients, and supporting licensed healthcare providers.  
✓ **(Yes) (No) Comments / Concerns / Restrictions:**

NOTE: Students with exudative lesions or weeping dermatitis would be excluded from direct peer interaction, patient care and from handling patient-care equipment and devices used in performing invasive procedures, until the condition resolves.

Skin is currently free from exudative lesions or weeping dermatitis.

✓ **(Yes) (No) Comments / Concerns / Restrictions:**

**4. As the medical provider for \_\_\_\_\_, I believe the physical - emotional - and mental health of this applicant \_\_\_ will \_\_\_ may not enable this individual to successfully perform the functions necessary as a Medical Assistant student in the college academic and fast paced clinical settings.**

**\*\*\* Comments / Concerns / Restrictions/ Accommodations required:**

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Examiners PRINTED Name & Credential	Examiners Signature	Date
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Name of medical facility

**Form must be signed by Medical Assistant Program applicant:**

The information given on this form is complete and accurate. I understand that omission(s) or falsification(s) will result in denial of approval for admission into the Medical Assistant program. False information or omissions discovered at a later date may result in dismissal from the program.

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Printed Name	Signature	Date
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