

Student Physical Evaluation

Name: _____ Social Security Number: _____

Please Print Clearly or Type

Date of Physical Exam: _____

Must be within 12 Months of the start of Clinical Experience

Evaluation for admission to (check one):

- Emergency Medical Technician – Basic
- Nurse Aide
- Phlebotomy
- Other:

Student to fill out the information above

To the Medical Professional:

In order to ensure the safety of students and patients, a recent physical examination is required for all students entering Health Care Occupations Education. Students work in all environments where the sick or injured may be cared for. Students are required to sit, stand and walk for extended periods of time as well as lift, turn, and care for patients in a clinical setting. Students are physically challenged during the entire course.

Your signature certifies that the statements below are true:

- This individual has been examined and found to be fit to participate without restrictions in the strenuous activities demanded of a Health Care Professional.**
- This individual has been found to be free of any contagious disease, which may cause a threat to patient safety.**
- This individual is physically and mentally competent to perform the duties required in a rigorous, performance based educational experience.**

Signature of the Examining Medical Professional

Date

Print, Type or Stamp Name of Examining Physician, Physician Assistant or Nurse Practitioner

Address - (Office Stamp)

Telephone Number