

**Health Division - Physical Examination Form
Wallace State Community College – Hanceville, AL**

This form is to be completed in its entirety by a physician, certified nurse practitioner or physician assistant. Physical exam results must be current within one year of any clinical experience.

Student To Return Completed ORIGINAL Form To Program Designee.

Student Name (Please Print) _____ **Date:** _____
Student Program of Study: _____ **WSCC Student No:** **W** _____
Student Email Address: _____ **Student Phone:** _____

1. For each of the requirements listed below, please indicate whether the student is able to perform the task by checking the appropriate box.

Essential Function		Yes	No	If no, please comment
Standing	Remaining on one's feet in an upright position without moving about.			
Walking	Moving about on foot for long periods of time.			
Stooping	Bending the body downward and forward by bending at spine and waist. This factor requires full use of lower extremities and back muscles.			
Reaching	Extending hands and arms in any direction.			
Kneeling	Bending legs at knee to come to a rest on knee or knees.			
Lifting	Raising objects from a lower to a higher position or moving objects horizontally from position to position. This factor requires the substantial use of the upper extremities and back muscles. Strength to lift 25 lbs. frequently and 50 lbs. or more occasionally.			
Carrying	Transporting an object usually holding it in the hands or arms or on the shoulder. Strength and balance required to carry 25 lbs. frequently.			
Dexterity	Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.			
Grasping	Applying pressure to an object with fingers and palm.			
Hearing	Perceiving the nature of sound with no less than a 40 db loss @ Hz, 1000 Hz and 2000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound.			
Repetitive Motions	Substantial movements (motions) of the wrists, hands, and/or fingers.			
Acuity	Corrected to 20/20 and visual field perception to provide a safe environment for patients and co-workers.			
Communication	Verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information and instructions to others accurately, loudly and quickly through speech and through the written word. Must be able to read and speak English.			

2. Based on findings in the examination, is the student able to participate in all activities required in the indicated health education program? Yes No

3. Please identify any restrictions limiting the student's participation in the indicated health education program.
 No Restrictions limiting the student's participation in the indicated health education program.
 Yes there are Restrictions limiting the student's participation in the indicated health education program as listed below.

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Date: _____

Student Program of Study: _____

WSSC Student No: **W** _____

Student Email Address: _____

Student Phone: _____

4. Is this student free of infectious disease? Yes No

5. Two Step Tuberculin Skin Test - Mantoux Required

NOTE – Initial Test must be read within 48-72 hours and 2nd test must be administered 10-14 days after the initial test. 1 step TB skin test sufficient if student has had a TB skin test within the past year (student must provide copy of previous skin test results).

Initial TB Skin Test	
Date Given _____	Date Read _____
Results _____	Negative _____ mm
_____	Positive _____ mm
Results read by: _____	
(Chest x-ray and report are required if positive)	

Second TB Skin Test (If indicated -see note above)	
Date Given _____	Date Read _____
Results _____	Negative _____ mm
_____	Positive _____ mm
Results read by: _____	
(Chest x-ray and report are required if positive)	

6. Immunizations - Due to clinical agency requirements, immunization history must be complete. Pregnant or lactating females should postpone vaccination until completion of pregnancy/lactation. Attach a statement of the anticipated date of immunization signed by the health care provider.

Documentation and/or Lab Values (IgG) indicating immunity for the following immunizations **MUST BE ATTACHED**

Immunization	Required Immunization Information
Hepatitis B	Must present documentation of at least two, out of three , of the initial series prior to beginning clinical or present lab data (titer) indicating adequate immunity.
Measles (Rubeola)	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Mumps	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Rubella	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity.
Tetanus - TDAP	Tetanus must be current within 10 years. Must have documentation of one TDAP as an adult.
Varicella (Chickenpox)	Must present documentation of two (2) immunizations or lab data (titer) indicating adequate immunity. Stating "History of Disease" will not be accepted.
Flu Vaccine	Flu vaccine months October – March. Date dependent on Health Program . DO NOT GET FLU MIST.

General Comments: _____

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To my knowledge, the information I have supplied on this health form is accurate and complete:

Signature of Physician/Nurse Practitioner

Date

Print Name of Physician/Nurse Practitioner

Address

Office Phone Number

City, State, Zip