

PHYSICAL EXAM FORM

DIRECT HEALTH CARE/HEALTH OCCUPATIONS EDUCATION

STUDENT NAME: _____ DATE: _____

VISION

FAR R20/____ L20/____ CORRECTED/UNCORRECTED
NEAR R20/____ L20/____
B/P____/____ PULSE____ RESPIRATIONS____ TEMP____
HEIGHT____ WEIGHT____

HEARING

RIGHT____ LEFT____

PHYSICAL EXAM

N-NORMAL

EYES/EARS _____
SKIN _____
TEETH/GUMS _____
LUNGS _____
HEART _____
EXTREMITIES _____
BACK/SPINE _____

D-DEVIATION FROM NORM

EXAMINATION RESULTS (CHECK ONE)

NO WORK RESTRICTIONS INDICATED _____
RECOMMENDED FURTHER EVALUATION _____
FOLLOWING RESTRICTIONS INDICATED _____

PHYSICIAN SIGNATURE _____ DATE _____

HEPATITIS B VACCINE #1____ #2____ #3____

ADMINISTERED BY: _____

SEE FOLLOWING PAGE FOR MANTOUX

STUDENT NAME: _____

MANTOUX TUBERCULIN TESTING

PLEASE NOTE THIS STUDENT IS ENROLLED IN A CERTIFIED NURSING ASSISTANTS PROGRAM. IN ORDER FOR THEM TO PRACTICE IN THE LONG TERM CARE SETTING, THEY MUST HAVE A TWO STEP MANTOUX. THESE MUST BE ADMINISTERED ONE TO THREE WEEKS APART AND MUST HAVE DATES AND TIMES WHEN THEY ARE ADMINISTERED AND READ.

FIRST STEP:

DATE ADMINISTERED: _____ TIME: _____

TEST ADMINISTERED BY: _____

SITE: _____

DATE TEST READ: _____ TIME: _____

TEST RESULTS: _____ mm

TEST INTERPRETED BY: _____

SECOND STEP:

TEST ADMINISTERED 7-21 DAYS AFTER THE FIRST TEST IF THE TEST RESULTS ARE NON-SIGNIFICANT.

DATE ADMINISTERED: _____ TIME: _____

TEST ADMINISTERED BY: _____

SITE: _____

DATE TEST READ: _____ TIME: _____

TEST RESULTS: _____ mm

TEST INTERPRETED BY: _____

I HEREBY CERTIFY HE/SHE IS FREE OF TUBERCULOSIS IN AN INFECTIOUS STATE AND IS CAPABLE OF PERFORMING THEIR ASSIGNED JOB.

DATE: _____ PHYSICIAN SIGNATURE: _____