

JOLIET JUNIOR COLLEGE
1215 Houbolt Road
Joliet, IL 60431
Department of Health Care Continuing Education

PHYSICAL EXAM FORM

To be completed by student:

Name _____ Student ID# _____

Address _____
Street City State Zip

Phone # _____

E-mail address _____

Birthdate _____ Age _____

Person to notify in case of emergency:

Name _____

Phone# _____

Relationship _____

Primary Healthcare Provider _____

Phone# _____

Address _____

Name: _____ Semester/Course & Section: _____

To Be Completed by M.D. or Advanced Healthcare Practitioner:

Immunizations:

Tdap: Date given: _____

Tuberculosis skin test:#1. Date given: _____ Signature: _____

Date read/reaction: _____ Signature: _____

(2-step Mantoux)

#2. Date given: _____ Signature: _____

Date read/reaction: _____ Signature: _____

The second Mantoux test must be administered within 7-21 days of the first test, if the reaction to the initial test is negative. Reaction at test site should be read within 48-72 hours. **TB Tine is not acceptable.** If a student has a recorded positive Mantoux, a chest x-ray is required. *Student may choose to have a Quantiferon Gold blood test in place of 2-step TB.*

Hepatitis B Vaccination (OPTIONAL) 1. _____ 2. _____ 3. _____

PHYSICIAN: In the section below, denote whether area is within normal limits (WNL) or abnormal. Record details in the remarks section.

<u>WNL</u>	<u>ABNORMAL</u>
_____	_____ General Appearance
_____	_____ Eyes (Include lids, pupils, fundi, EOM)
_____	_____ Nose
_____	_____ Mouth
_____	_____ Throat (Include pharynx, tonsils)
_____	_____ Teeth and Gums
_____	_____ Neck (Include carotids and thyroid)
_____	_____ Lymph Nodes (cervical, axillary, inguinal, epitrochlear)
_____	_____ Chest and lungs
_____	_____ Heart (Size, rhythm, murmur, quality of tones, thrill)
_____	_____ Abdomen (appearance, liver, spleen, scars, mass, tenderness)
_____	_____ Hernia (umbilical, inguinal, femoral, incisional)
_____	_____ Extremities (Feet, edema, pulses, ROM, deformity)
_____	_____ Skin
_____	_____ Back (attention to list, pelvic, tilt, scoliosis, ROM)
_____	_____ Neurological (Include reflexes)

Explain any checks in the abnormal section. (Note asthma or diabetes)

Name: _____ Semester/Course & Section: _____

Student is able to participate in all aspects of the course (clinical included) without restrictions.

Practitioner signature: _____ Date: _____

Practitioner name printed: _____

Street Address

City

State

Zip Code

Phone # _____

Spring 2020