School of Mathematics, Science and Health Professions

INITIAL PHYSICAL EXAMINATION - Student

Student's Name: _____ Student ID#:_____

Name of Program: _____ Date of Birth: _____ Gender_____

Pre-existing / Chronic Conditions: _____

_____

(***Please note***: For any conditions, which would, in any way, restrict, limit, or be aggravated by students clinical rotations, including pregnancy, an additional and separate physician's release form is required to be attached to this form.)

Current Medications: _____

_____

I certify that the above student was given a physical examination and is qualified to enter College of the Canyons Allied Health Program/EMT Program. I realize the program includes clinical experience in a hospital as well as classroom lectures for several hours at a time. I realize the EMT program also includes an ambulance ride-along and skills that require lifting, bending, squatting, standing, and/or walking. The student may also be exposed to the elements during the ride-along.

I also certify that the above student is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for herself/himself, fellow students, patients, or visitors.

Physicians Signature: _____ Date: _____

Address: _____ Phone:_____

Note: PHYSICAL MUST BE GIVEN NO MORE THAN SIX MONTHS BEFORE START OF PROGRAM

Student Name: _____ Date of Birth: _____

As a part of the physical examination, or documented history, the above person has the following proof of immunization and titers showing proof of immunity**. (Please note: Titers must be drawn and documented--it is not sufficient to say that they had the disease).**

Must have documentation of all immunizations AND positive titers (blood test)

IMMUNIZATIONS ***MAY attach yellow or other official vaccine record***	**TITER RESULTS** ***MUST attach actual lab results***
Hepatitis B* NOTE: Must begin series by start of program Dose No. 1 (date) _____ Dose No. 2 (date) _____ Dose No. 3 (date) _____ *If necessary, waivers are available in Allied Health Division Office.	**Hepatitis B Titer** (blood draw after Dose No. 3) Titer Results: ☐ Positive ☐ Negative Read by (initial) _____
Measles *(Rubeola)* Vaccine (date) _____ Vaccine (date) _____ *If given after age 12 months need 2 doses 4-8 weeks apart*	**Measles Titer** *(Rubeola)* Results: ☐ Positive ☐ Negative Read by (initial) _____
Mumps Vaccine (date) _____ Vaccine (date) _____ *If given after age 12 months need 2 doses 4-8 weeks apart*	**Mumps Titer** Results: ☐ Positive ☐ Negative Read by (initial) _____
Rubella Vaccine (date) _____ Vaccine (date) _____ *If given after age 12 months need 2 doses 4-8 weeks apart*	**Rubella Titer** Results: ☐ Positive ☐ Negative Read by (initial) _____
Varicella Vaccine (date) _____ Vaccine (date) _____ *If given after age 12 months need 2 doses 4-8 weeks apart*	**Varicella Titer** Results: ☐ Positive ☐ Negative Read by (initial) _____
Tdap *(within 10 years)* Vaccine (date) _____	
Flu *(seasonal)* Vaccine (date) _____ *Attach flu declination form if flu shot is unavailable*	

Physicians Signature: _____ Date: _____

Address: _____ Phone No.: _____

Student Name:_____DOB_____ Student ID#_____

2-Step TB Screening - Student must have PPD test annually

Two-step tuberculin skin testing is performed to detect delayed hypersensitivity reactions in people who have been infected with M. tuberculosis.

Student DOES NOT NEED the 2 Step TB Screening:

- If the student has a previous negative TB test (***within the last 12 months***). If so, student must provide documentation of the previous result and a new current negative TB test result. Documentation of both the previous and current TB test must be provided.

Student MUST HAVE the 2 step TB Screening:

- If previous negative TB test is greater than 12 months ago, student must complete the 2-step TB test.
- If the first test reading is positive, the student requires follow-up including a chest x-ray to rule out active disease and evaluation for appropriate medication therapy if not previously treated. Student must provide documentation of positive skin test and negative chest x-ray. No further skin testing is done.
- If the first test reading is negative, the second test is performed 1-3 weeks later. If the second test is positive, the student is classified as previously infected and cared for accordingly. The student requires follow up including a chest x-ray to rule out active disease and evaluation for appropriate medication therapy if not previously treated. Student must provide documentation of both skin tests and chest x-ray.
- For students who have documentation of a previous positive PPD, no further skin testing is performed. Follow-up by health evaluation and periodic chest x-rays (annually). (Source CDC)
- Note: Documentation of the 2-step tuberculin skin test is required only once if the student continues to have periodic skin testing (annually) performed.

TB test – Step 1	**TB test – Step 2**
Applied: _____/_____/_____ Given by: (Initial)_____	Applied: _____/_____/_____ Given by: (Initial)_____
Reading: _____/_____/_____ Read by: (Initial)_____	Reading: _____/_____/_____ Read by: (Initial)_____
□ Negative □ Positive	□ Negative □ Positive
If results are positive, get referral for chest x-ray from MD	If results are positive, get referral for chest x-ray from MD
If results are negative – Step 2 process (see attached form)	If results are negative – Step 2 process (see attached form)

Chest X-Ray (if required)	**Quantiferon Blood test (instead of 2 step TB test)**
Date of exam _____/___/____	Date of exam _____/___/____
Date of results ____/____/____	Date of results ____/____/____
□ Normal Reading □ Positive TB	□ Normal Reading □ Positive TB
MD Signature _____ Date_____	MD Signature _____ Date_____

Physicians Signature: _____ Date: _____

Address: _____ Phone No.: _____