

Boston Reed College
Physical Examination Form

Student Name: _____ Sex: M F Birth date: _____

Program Location: _____ Weekday Saturday

Have you had a serious illness, injury or surgery? Yes No If yes, please describe:

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

1. Current complaints/disabilities pertinent to the student's participation in training program.

2. Medications used: Prescription and over-the-counter (use back if necessary)

Name

Indication

Frequency

3. Significant medical history, accidents, deformities, surgeries, back problems, communicable diseases:

4. Examination Comments and findings:

Required Tuberculosis Screening (PPD)

	Date Administered	Initials	Date and Result in Millimeters
Test One			
Chest x-ray (if positive PPD, otherwise, NA)	Please attach results		

Physical Examination Form (continued)

Student Name: _____

Immunization History

The following immunizations are not required by Boston Reed as a pre-requisite; however, if an externship site is found for you and they require proof of immunizations, your placement may be delayed if you do not have the immunizations on hand. If you want to obtain them advance, it could expedite your placement should a site require them. NOTE: Obtaining these immunizations in advance does not guarantee placement in any particular site. Please attach lab results.

Immunization	Documented Dates (Attach Documentation)		Initials	Comments
	Date	Results		
Rubella Titer				
Rubeola (Measles) Titer				
Mumps Titer				
MMR Vaccine #1 (Mumps, Measles, Rubella)				
MMR Vaccine #2 (if born after 1957)				
Varicella (Titer/Vaccine) #1				
Varicella #2 (if vaccine is given as an adult)				
Hepatitis C Titer				
Hepatitis B Vaccine	Exp. Date:	Declination		
	Series			

The above named has neither communicable nor disabling disease nor health condition that would create a hazard to himself, visitors, classmates or patients at this time. He/she is able to perform the physical activities required for the training.

Examiner Name (please print): _____ **Phone:** _____

Examiner Signature: _____ **Date:** _____

Address: _____

I give permission to release a copy of this form to affiliating facility.

Student Signature: _____ **Date:** _____