

International Development Institute

STUDENT PHYSICAL EXAMINATION

The physical examination must have lab reports for rubella, rubeola, the drugs screen, the Dr's signature, license and the stamp of the clinic.

FIRST NAME	M.I.	LAST NAME	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS			APT#
<input type="text"/>			<input type="text"/>
CITY		STATE	ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
MOBILE NUMBER	HOME TELEPHONE		SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>		<input type="text"/>
DATE OF BIRTH	Sex Check an X	E-MAIL	
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	

LABORATORY TEST RESULTS

Height:	Weight:	Blood Pressure:	Pulse:	Resp:	Temp:
Heart:	Lungs:	Muscular-Skeletal:		GU:	GI:

Test required by law of all males and females	Specify disease Immunization or Test			
Test Date	Result	Result Date		Date
	PPD -(Monteux)		Diphtheria	
	2 nd Step - PPD(if required)		Tetanus	
	X-Ray + (PPD)(if needed)		Mumps	
	Rubella Titer		Rubella Vaccine	
	Rubeola Titer-(if born after 1/1/1957 Rubeola verified)		Measles Vaccine 1 _____ 2 _____	
	Drug Screen		Hepatitis B Vaccine 1 _____ 2 _____	
			Influenza Vaccine	

Specify any follow-up treatment needed for positive test results or delay due to pregnancy:

MEDICATIONS (List all medications prescribed on a continuing basis):

Physical Limitations (to the best of your knowledge):

a. Does this person require eyeglasses? No Yes Hearing Aid? No Yes

b. Has this person been treated for any disease entity or injury, which hampered his/her ability to function normally for extended periods? No Yes if yes explain: _____

c. Is this person presently being treated for any disorders of a chronic or recurring nature? (Please include any history of back injury, congenital defect, brain or nervous disorders, etc):
 No Yes if yes please explain: _____

The above named is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, alcohol or other drugs or substances which may alter the individual's behavior. This person (is, is not) capable of performing duties of a nurse assistant/aide, home health aide in the hospital or home environment.

HEALTH QUESTIONNAIRE

(This form must be completed prior to the Hospital or Nursing Home internship)

Please answer the following questions by making a check X in either the "Yes" or "No" column	Yes	No
1. Do you have any health problems that would limit your ability to perform your job?		
2. Are you presently being treated by a physician for a health problem?		
3. Have you ever had any significant illnesses, accidents, or operations?		
4. Have you ever been hospitalized?		
5. Do you have a habituation or addiction to such substances as depressants? Stimulants, narcotics, alcohol, or other drugs?		
6. Are you presently using any illegal drugs (marijuana, cocaine, etc?)		
7. Do you think three or more alcoholic beverages per day?		
8. Do you smoke?		
Less than one pack of cigarettes per day?		
More than one pack of cigarettes per day?		
9. Are you taking any medications frequently or on a regular basis?		
10. Are you allergic to any:	Yes	No
A. Medications		
B. Foods		
C. Plants/Grass		
D. Animals		
E. Chemicals		
11. Do you have:	Yes	No
A. Asthma		
B. Diabetes		
C. Epilepsy/ Seizure Disorder		
D. Blood Pressure problems		
E. Heart problems		
F. Kidney problems		
G. Back problems		
H. Vision problems		
I. Hearing problems		

Please indicate if you have had any of the following illnesses and the year you had it if your response is "Yes"	Yes	Year	No
a. measles			
b. mumps			
c. chicken pox			
d. rubella (German measles)			
e. tuberculosis			
f. hepatitis			

COMMENT SECTION: (Please explain any "Yes" response to questions 1-11.)

Student Signature: _____

Date: _____

Physician Name (Please print) _____

Physician Signature _____

Date _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL.