

### Physical Examination for Medical Assisting Students

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

*I, the above listed student, hereby give permission for this document to be released to Goodwin College. Furthermore, I give permission to share this document with the clinical sites to which I am assigned, upon request by the clinical site.*

Student Signature \_\_\_\_\_

**To Be Completed by Physician/Physician Assistant or Nurse Practitioner:**

**Physical Exam** (must be within past 2 years)

Date Completed \_\_\_\_\_

Any physical limitations restricting clinical participation? Yes  No

If yes, please explain. \_\_\_\_\_

Any history of medical problems or surgery that would affect the student's ability to complete this program? Yes  No

If yes, please explain. \_\_\_\_\_

**If Available, Please Attach a Copy of Immunization Record or Lab Results**

**2 Step PPD/Mantoux (must be within past 12 months and updated annually)**

Test Result: \_\_\_\_\_ Date Read: \_\_\_\_\_

Test Result: \_\_\_\_\_ Date Read: \_\_\_\_\_

X-Ray Result: \_\_\_\_\_ Date Read: \_\_\_\_\_ *\*If PPD is positive, a chest x-ray must be taken*

**Varicella**

Date of Infection/Vaccination \_\_\_\_\_ Titer Result: \_\_\_\_\_ Titer Date \_\_\_\_\_

**MMR\***

\*2 doses, 1<sup>st</sup> dose after age 1 and 2<sup>nd</sup> dose after 1980 if born after 1956

Date of 1<sup>st</sup> dose \_\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_\_

Measles Titer Result: \_\_\_\_\_ Titer Date \_\_\_\_\_

Mumps Titer Result: \_\_\_\_\_ Titer Date \_\_\_\_\_

Rubella Titer Result: \_\_\_\_\_ Titer Date \_\_\_\_\_

**Tetanus**

Date of last tetanus \_\_\_\_\_

\*If date of last tetanus is over 7 years old or unknown, a booster is needed

**History of Hepatitis B Vaccination or Immunity**

Dose #1 Date \_\_\_\_\_

Dose #2 Date \_\_\_\_\_

Dose #3 Date \_\_\_\_\_

Positive Titer Date \_\_\_\_\_

**Influenza Vaccine**

Date of last vaccine \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**If there are any questions, please contact the Nursing and Health Professions Administrative Assistant at Goodwin University at (860) 913-2164 or [sautier1@goodwin.edu](mailto:sautier1@goodwin.edu).**

**\*This form and any immunization records MUST be faxed to (860) 906-1801 or mailed directly from the doctor's office to: Goodwin University, One Riverside Drive, East Hartford, CT 06118 - Attention: Sarah Autieri**