

Goodwin College
Department of Health and Natural Sciences
One Riverside Drive
East Hartford, Connecticut 06118

Physical Examination for Medical Assisting Students

Name _____

Date of Birth _____

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, mental, emotional, or other limitations that would restrict clinical participation?

Yes _____ No _____

If yes, please explain. _____

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

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

Test Result: _____ Date Read: _____

*If PPD is positive, a chest x-ray must be taken

X-Ray Result: _____ Date Read: _____

Varicella

Date of Infection/Vaccination _____

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

Positive Titer Date _____

OR

Dose #1 Date Dose _____

#2 Date Dose #3 _____

Date _____

Physician's Name _____ (please print)

Physician's Signature _____

Address _____ Telephone _____

If there are any questions, please call Danielle Wilken @ 860.727.6780