

## Physical Examination for Respiratory Care 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**

#### **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 \_\_\_\_\_

#### **MMR\***

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 \_\_\_\_\_

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

#### **Tetanus**

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

\*If date of last tetanus is over 10 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 \_\_\_\_\_

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

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

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

#### **Please direct questions to:**

Respiratory Care Program Director Phone: (860) 727-6777 Fax: (860) 913-2354