WESTERN AREA CAREER & TECHNOLOGY CENTER
STUDENT PHYSICAL FORM

Phlebotomy Technician Program

The person presenting this form is applying for admission at Western Area Career & Technology Center Phlebotomy Technician Program and is required to have a pre-entrance physical examination. This evaluation is confidential.

It is strongly recommended that phlebotomy technician students receive the Hepatitis B immunization for the clinical rotation in a health care facility.

ANY FEE IN CONNECTION WITH THIS EVALUATION IS THE RESPONSIBILITY OF THE STUDENT.

DATE EXAMINED: _____

NAME: _____

ADDRESS: _____

_____

AGE: _____ GENDER: _____

DATE OF BIRTH: _____

HEIGHT IN INCHES: _____ WEIGHT IN POUNDS: _____

NUTRITIONAL STATUS: _____

PHYSICAL HANDICAPS: _____

HISTORY OF SERIOUS ILLNESS OR DISEASE:_____

_____

_____

All tests listed below are **required**, the form should be **completed** and results should be attached.

2 Step PPD	Administered	Read	Result
Date # 1:			
Date # 2: (7 – 20 days after first)			

Varicella immunity by disease or Immunization	# 1	# 2	Date if had disease
Date:			

DTaP Immunization	# 1	# 2	# 3	Tdap Booster
Date:				

MMR Immunization	# 1	# 2	Booster
Date:			

Hepatitis B Immunization (optional)	# 1	# 2	# 3
Date:			

If unable to provide dates for any of the above immunizations, complete the following:

Rubella Titer		Date:		Result:	
Immune	Yes	No			

Mumps Titer		Date:		Result:	
Immune	Yes	No			

Rubeola Titer		Date:		Result:	
Immune	Yes	No			

Varicella Titer		Date:		Result:	
Immune	Yes	No			

Hepatitis B Surface Antibody	
Date	

Tdap Booster	
Date	

1. Pertinent remarks related to your physical findings concerning student's health situation. Report chronic health problems. (If none, please mark N/A)

2. Mental and emotional status (Please check if behavior is present). (If none are present, please indicate such)

Mental acuity	**Emotion**	
___ Disoriented	___ Insomnia	___ Euphoria
___ Incoherent	___ Nervous, tense	___ Fatigue
___ Inappropriately responsive	___ Depressed	___ Anger
	___ Major fears	___ Hostility
	___ Suicidal thoughts	

Other: _____

_____

3. Dental Hygiene

4. Eyes / Vision

Eyes are: _____

Vision: _____

Requires glasses ☐ Yes ☐ No

In my professional opinion, this patient has ____ has no ____ physical or mental problems or disabilities that would preclude working in health care agencies as a student nurse aide. This patient is ____ is not ____ free from infectious disease.

_____ M.D. / D.O. / CRNP / PA-C

[Signature]