



MEDICAL EXAMINATION FORM
(information contained herein will be held in confidence)

Full Name: _____ **Exam Date:** _____

Last 4 of SSN: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cellphone:** _____

All the following information must be provided and/or completed by a health care provider (MD, DO, ARNP, or PA)

Medical History

Allergies: _____

Current Medications: _____

Surgeries: _____

Major Illnesses: _____

Back/Orthopedic Problems: _____

History of any communicable or infectious disease(s) which may prevent or hinder this applicant's ability to become a member of the healthcare profession. NO YES (if yes, please explain below)

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Physical Examination:

Height	Weight	Pulse	Blood Pressure

Vision	Hearing

Positive Findings:

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Name: _____ DOB: _____

*SHOT RECORDS ARE NOT A SUBSTITUTE FOR TITERS
*NO PHYSICALS OR RECORDS OVER **ONE YEAR** OLD WILL BE ACCEPTED
*TITERS MUST DEMONSTRATE IMMUNITY, IF NOT VACCINATIONS/BOOSTERS ARE REQUIRED.
**SUPPORTING DOCUMENTATION REQUIRED

Diagnostic Tests/Flu	Results Date	CHECK ONE	
		Immune	Not Immune
Hepatitis B Titer			
Rubella Titer			
Measles (Rubeola) Titer			
Mumps Titer			
Varicella Titer			
PPD		(negative)	(positive)
Flu Shot (only needed from Sept-Mar)			

Below are only needed if student does not show immunity to above	
Immunizations	Date
MMR (Measles, Mumps, and Rubella) Vaccine	
Tdap (only if needed over 10 years)	
Hepatitis B vaccine (Hep B vaccine only needed if not immune and has completed series)	
Chest X-Ray (Chest X-Ray is required as a follow-up for positive PPD results. After Chest X-Ray has been completed)	

Hepatitis B Series: #1 _____ #2 _____ #3 _____
DATE DATE DATE

(Hep B series only needed if individual has not started the series or is currently in the series)

Additional Comments/Recommendations:

To the best of my knowledge, this individual is in good physical and mental health.

NO YES Date: _____

Signature of Health Care Examiner

Name of Health Care Examiner

Address City/State/Zip

Telephone Number



Classes held on campus

Register online at www.HCI.edu

\$50.00 for the required BLS course