

# HEALTH EXAMINATION BY PHYSICIAN

## *For Respiratory Therapy Technology Program*

Name of Applicant \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**I. Do you have a history of diseases of the following?**

Please answer YES or NO.  
 If you answer YES – please explain:

	Yes	No	Explanation
Skin			
Eyes/Vision			
Ears/Hearing			
Cardiac			
Lungs/Respiratory Illness			
Musculoskeletal			
Diabetes			
Neurological/Seizures			
Abdominal (Hernias)			
Vascular (Varicose Veins)			
Allergies			

List any medication or drugs taken frequently.

\_\_\_\_\_

Physical activity limitations?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

**II. Please provide dates of either immunization or disease of the following:**

*OR/*

	Immunization/Booster	Titre	Illness (Illness w/o Immunization Requires Titre)
Measles (Rubeola)	/		
Mumps	/		
Rubella (German Measles)	/	<i>(titre required)</i>	
Varicella (Chicken Pox)	/		<i>Date Required:</i>
Chicken Pox (History of illness)	/		Yes _____ No _____
Flu Vaccination ( <i>Annually</i> )			
T-DAP			
Polio			
10 Panel Expanded Opiates Drug Screen	Negative _____ / Positive _____		

\* If you were given the immunization prior to 1975, you may wish to protect yourself by having the immunization repeated.

\* Some clinical affiliates may ask for a titer.

**III. Required Laboratory Tests**

CBC DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

URINALYSIS DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

IGRA (TB Gold) DATE \_\_\_\_\_ RESULT \_\_\_\_\_

**DO YOU CONSIDER THE APPLICANT PHYSICALLY AND EMOTIONALLY ABLE TO UNDERTAKE A PROGRAM IN THE HEALTH SCIENCES?**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**REMARKS:**

Physician's Name \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

\_\_\_\_\_  
*Date of Examination*

**\*\*\*Cost of the physical examination, laboratory tests and immunizations assumed by applicant. \*\*\***

**PLEASE RETURN THIS FORM TO:**

**Dr. Rob Kinker, Program Director**  
**Respiratory Therapy Technology**  
**Washington State Community College**  
**710 Colegate Drive**  
**Marietta, Ohio 45750**