

History and Physical Exam

For Respiratory Therapy Technology Program

Name of Applicant _____

Date of Birth _____ Weight _____ Height _____

Physical Exam: To be completed by a physician or trained medical personnel under the supervision of a physician.

Medical	Normal	Abnormal Findings (if any)	Initials
Eyes (Vision)			
Ears, Nose, Throat			
Neck/Lymph Nodes			
Cardiovascular			
Abdomen/Hernias			
Respiratory			
Skin			
Musculoskeletal			
Neurological			
Musculoskeletal/ROM/Strength			
Neck			
Spine/Back			
Shoulders/Arms			
Wrist/Hand			
Hip/Thighs			
Knees/Legs/Ankles			

Allergies:

List any medications taken frequently:

Do you have physical activity limitations? If yes, please explain:

Required Tests

1. 2-step Mantoux TB Skin Test or TB Gold
If reactive, a Chest X-ray is required

Please provide the above testing results to the student for submission to the program's Student Upload Portal.

2. 10 PANEL EXPANDED OPIATE DRUG SCREEN (either urine or blood is acceptable)
Required:
amphetamines, THC, cocaine, opiates, barbiturates, benzodiazepines, methadone, oxycodone, MDMA/ecstasy, fentanyl

Please provide the above testing results to the student for submission to the program's Student Upload Portal.

I certify that I have examined and spoken to this patient on this date and found them to be medically qualified to participate both physically and emotionally in the Respiratory Therapy program. I also certify that I am a licensed physician or work directly with a licensed physician.

Print Name _____

Office Address _____

Telephone _____

Signature

Date of Examination

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

Students: Submit this completed form to the Student Upload Portal found on the Respiratory Therapy webpage.