



GROSSMONT UNION HIGH SCHOOL DISTRICT – ADULT EDUCATION
HEALTH OCCUPATIONS CENTER
 9368 Oakbourne Road, Santee, CA 92071
 Phone 619.956.4300 - Fax 619.579.4779
 hoc.guhsd.net

***Please fill out physical form completely and correctly before turning into your teacher.**

PHYSICAL EXAMINATION

Name: Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Sex: _____ Birth date: _____ Age: _____ Place of Birth: _____

Relative Name: _____ Relationship: _____ Contact Number: _____

Medical Examination to be completed no earlier than 3 months prior to the internship start date.

Check each item	Fill in results
Height	
Weight	
Blood Pressure	
Pulse	

Check Each Item	Normal	Abnormal	NOTES (Describe Abnormality in Detail)
Nose, Mouth, Throat, Tonsils, Speech			
Ears, Hearing			
Eyes, General Pupils (equality and reaction), Ocular Mobility			
Distant Vision:	Right 20/ Left 20/	Corrected to 20/ Corrected to 20/	
Near Vision:	Right 20/ Left 20/	Corrected to 20/ Corrected to 20/	
Heart and Lungs			
Abdomen (scars, masses, hernia)			
G-U System			
Endocrine system (Thyroid, diabetes)			
Musculoskeletal			
Skin			
Lymphatic, Nodes			
Neurologic			
Allergies			
Mental / Emotional			

Medical Examination to be completed no earlier than 3 months prior to the internship start date

Name: Last _____ First _____

Physical Requirements – Student must be able to perform ALL criteria to participate in the clinical or internship setting.

<i>Description</i>	<i>Able to Perform?</i>	
	Yes	No
Lift While Standing – Light to Moderate – Less than 50 pounds - Frequent		
Lift While Sitting - Light - Under 25 pounds - Frequent		
Lift With Assistance - Heavy - Over 50 pounds (Patient Transfer, etc.) - Occasionally/Frequently		
Pushing - Heavy - Over 50 pounds - Frequent		
Pulling - Heavy - Over 50 pounds - Frequent		
Reaching - (Full Extension - Elbow Flexion) At shoulder level - Occasional/Frequent		
Standing for extended periods - Frequent		
Standing for extended periods with radiation protective device - (CVT Invasive Track) - Frequent		
Sitting for prolonged periods - Frequent		
Walking - (Moderate distances within clinical environment) - Frequent		
Carrying - Light to Moderate - Less than 50 pounds - Occasional		
Bending - Occasional		
Stooping - Occasional		
Kneeling - Occasional		
Turning - Frequently		
Hand Manipulation - (Hand controls, simple grasping, power grasping, fine manipulation) - Frequently		
Foot Controls - Frequent		
Visual Requirements - Ability to work with a computer screen, observe alarms, indicators, patients and the public. Ability to recognize and respond to safety issues.		
Auditory Requirements - Ability to hear and understand orders from a physician or supervising technologist. Ability to hear safety alarms and respond appropriately.		

	YES	No
Is this potential student free of communicable disease?		
Is this student free of all health conditions which would create a hazard to themselves, fellow students, or patients?		
<i>Note: both questions above must have a YES to participate in clinical or internship.</i>		

NOTES: Summary of Significant Findings & Recommendations

Medical Examination to be completed no earlier than 3 months prior to the internship start date

Name: Last _____ First _____

Immunization Information		Date Information for the Immunizations
T-Dap 1 injection required	1 injection required	Within the last ten years
MMR 2 injections required or a positive blood titer test for Measles, Mumps, and Rubella	First injection	
	Second injection	At least 30 days after your first injection
	Titer blood test	Positive titer blood test for Measles, Mumps, and Rubella
Varicella 2 injections required or a positive blood titer test for Varicella	First injection	
	Second injection	At least 30 days after your first injection
	Titer blood test	Positive titer blood test for Varicella
Hepatitis B 3 injections required or a positive blood titer test for Hepatitis B	First injection	
	Second injection	31-35 days after your first injection
	Third injection	Five months after your second injection
	Titer blood test	Positive titer blood test for Hepatitis B
Flu Shot		Current year's flu shot
TB Test OR		Current negative TB skin test as required by the program
		Negative Chest X-ray within the last two years with a doctor's clearance letter

Physician Certification:

***PLEASE ATTACH YOU DOCTORS BUSINESS CARD HERE**

This potential student is:

- Recommended for program enrollment; classroom, lab, clinical/internship
- Not recommended for program enrollment; classroom, lab, clinical/internship

Name of Physician, PA, or NP (please print)

Signature of Physician, Physician Asst, Nurse Practitioner

Name of the medical facility (please print)

Address, City, Zip Code

Today's date

Phone Number