



GROSSMONT UNION HIGH SCHOOL DISTRICT – ADULT EDUCATION  
**HEALTH OCCUPATIONS CENTER**  
 8770 Mast Boulevard, Santee, CA 92071  
 Phone 619.956.4300  
 hoc.guhsd.net

**\*Please make sure this form is completely filled out, do not leave anything blank before uploading to Complio.**

**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.**

Description	Able to Perform?	
	Yes	No
<b>Lift While Standing</b> – Light to Moderate – Less than 50 pounds - Frequent		
<b>Lift While Sitting</b> - Light - Under 25 pounds - Frequent		
<b>Lift With Assistance</b> - Heavy - Over 50 pounds (Patient Transfer, etc.) - Occasionally/Frequently		
<b>Pushing</b> - Heavy - Over 50 pounds - Frequent		
<b>Pulling</b> - Heavy - Over 50 pounds - Frequent		
<b>Reaching</b> - (Full Extension - Elbow Flexion) At shoulder level - Occasional/Frequent		
<b>Standing for extended periods</b> - Frequent		
<b>Standing for extended periods with radiation protective device</b> - (CVT Invasive Track) - Frequent		
<b>Sitting for prolonged periods</b> - Frequent		
<b>Walking</b> - (Moderate distances within clinical environment) - Frequent		
<b>Carrying</b> - Light to Moderate - Less than 50 pounds - Occasional		
<b>Bending</b> - Occasional		
<b>Stooping</b> - Occasional		
<b>Kneeling</b> - Occasional		
<b>Turning</b> - Frequently		
<b>Hand Manipulation</b> - (Hand controls, simple grasping, power grasping, fine manipulation) - Frequently		
<b>Foot Controls</b> - Frequent		
<b>Visual Requirements</b> - Ability to work with a computer screen, observe alarms, indicators, patients and the public. Ability to recognize and respond to safety issues.		
<b>Auditory Requirements</b> - 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
<b>T-Dap</b> 1 injection required	1 injection required	Within the last ten years
<b>MMR</b> 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
<b>Varicella</b> 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
<b>For Hepatitis/Hepilisav you will need one or the other depending on what your doctor's office offers</b>		
<b>Hepatitis B</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	<b>OR</b> Positive titer blood test for Hepatitis B
Continued on next page		

<b>Heplisav B</b> 2 injections required or a positive blood titer test for Heplisav B	First injection	
	Second injection	Four weeks after your first injection  <b>OR</b> Positive titer blood test for Heplisav B
Flu Shot		Current year's flu shot
TB Test <b>OR</b>		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