Butler Community College

Department of Allied Health

HEALTH RECORD

DIRECTIONS: Have your physician fill out and sign the Health Record, complete TB test (and Influenza vaccine if needed.) Turn form in to Instructor first day of class.

Name _____ Birth Date _____
Last First Middle

Home Address _____

_____Phone No. _____

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings:

_____ Cardiovascular System Remarks _____
_____ Respiratory Remarks _____
_____ Gastrointestinal Remarks _____
_____ Nervous System Remarks _____
_____ Musculo-Skeletal Remarks _____
_____ EENT(include visual & hearing acuity) Remarks _____
_____ Communicable or Infectious Disease Remarks _____
_____ Allergies Remarks _____

The clinical experience for students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical nursing experiences, taking in consideration the above requirements, and also any health conditions the student may have that would pose a safety concern to residents and staff of the clinical facility or to the student themselves._____
_____

This is to certify that I have examined this student and find that he/she is able to participate in clinical experiences.

Date of examination _____ Examining Physician _____
Address _____

Pre-clinical Requirements*

II. Tuberculin Skin Test (PPD) and/or chest x-ray to rule out TB is required prior to clinical. Must be documented by a physician, their office personnel or a health department representative. Students are not authorized to complete this information.

	Date Given	Given By	Date Read	Read By		
Intra Dermal PPD ONLY					mm induration **Required** ___**mm**	❑ Significant ❑ Non-Significant
Flu Vaccine (required during flu season).						