

MARIA

COLLEGE

PHYSICAL EXAMINATION FORM

700 New Scotland Avenue, Albany, New York 12208 • fax 518.489.7437 • www.mariacollege.edu

TO THE STUDENT: For participation in the Nursing and the Occupational Therapy Assistant programs, this Physical Examination Form **MUST** be completed in its entirety, properly signed (see reverse) and returned to the respective program chairperson. **FAILURE TO COMPLETE AND SUBMIT THIS PHYSICAL EXAMINATION FORM WILL PROHIBIT STUDENT'S PARTICIPATION IN PROGRAM CLINICAL OR FIELD EXPERIENCE.**

STUDENT INFORMATION

Degree/Certificate Program: _____
(Note: Nursing Students, Please specify PNC, ADN or Bachelors Program)

Name: _____ Date of Birth: _____
Last / First / Middle

Address: _____
Street / City / State / Zip

Email: _____ Phone: () _____ Cell: () _____

Emergency Contact Name/Address: _____
Phone: () _____

TO THE PHYSICIAN: Physical examination and laboratory tests must cover the academic year (August through May of the following year).
Information provided is confidential. (SEE REVERSE)

PHYSICAL EXAM INFORMATION

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

General Appearance (Explain): _____

Urinalysis (Optional): Normal Other (Explain): _____ Date: ____/____/____

Blood Work—CBC (Optional): Normal Other (Explain): _____ Date: ____/____/____

Systems:

Skin & Lymphatic	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Lungs, Chest	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Head, Face, Neck	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Nose & Sinuses	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Vascular System	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Mouth & Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Abdomen & Viscera	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Teeth & Gingiva	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Endocrine System	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Ears	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Spine	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Canals:	R _____ L _____	TM's _____	Neurologic	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Whispered Voices:	R _____ L _____		Musculoskeletal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Eyes	R _____ L _____	Women			
With glasses	R _____ L _____	Breasts	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
		Pelvic (if indicated)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	

Explain all abnormalities noted above: _____

The patient is under treatment for the following medical conditions: _____

Please itemize all prescription medications patient is taking: _____

Recommendation for physical activity: Unlimited Limited Explain: _____

List all allergies patient has: Bees/Insects Carry an EPI-PEN: Yes No
 Environmental: _____ Medications: _____
 Foods: _____ Latex: _____
 Other: _____

IMMUNIZATION RECORD

THIS SECTION MUST BE COMPLETED FOR ALLIED HEALTH (NURSING AND OCCUPATIONAL THERAPY ASSISTANT) PER CLINICAL AGENCY REQUIREMENTS.

NOTE: Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps, and rubella. While persons born prior to January 1, 1957 are exempt from this requirement for the College, this exemption does not apply to clinical placements in the Nursing and Occupational Therapy Assistant programs.

Please complete chart by indicating dates in the appropriate boxes.			Titer (only complete if you do not know vaccine dates.)		
Vaccine	Disease	Vaccine Date	Titer Date	Titer Results	
				Immune	Not Immune
Combined as MMR Must be after 1972		1. ___ / ___ / ___ 2. ___ / ___ / ___		<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola) Two required must be after 1968		1. ___ / ___ / ___ 2. ___ / ___ / ___		<input type="checkbox"/>	<input type="checkbox"/>
Rubella Must be after 1969				<input type="checkbox"/>	<input type="checkbox"/>
Mumps Must be after 1969				<input type="checkbox"/>	<input type="checkbox"/>
Varicella (Immunity to Chicken Pox)				<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (or declination/waiver is required)		1. ___ / ___ / ___ 2. ___ / ___ / ___ 3. ___ / ___ / ___		<input type="checkbox"/>	<input type="checkbox"/>
Meningitis (Menonune within the past 10 years or declination/waiver is required)					<input type="checkbox"/>
Tetanus Booster Must be within 10 years				<input type="checkbox"/>	<input type="checkbox"/>
Annual Tuberculosis Screening Note: Two PPD tests are now required; minimum of 14 days apart (no longer than one year apart). First Mantoux (PPD) Date Administered: _____ Date Read: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive* Second Mantoux (PPD) Date Administered: _____ Date Read: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive* *If PPD result is positive: Chest X-ray Date of X-ray: _____ Results: _____					

PHYSICIAN: Please sign, date and return this form to patient/student.

Physician, PA or NP Signature: _____
 Print Last Name: _____
 License #: _____ Phone: () _____ Date: ___ / ___ / ___

STUDENT: Please review, sign, and date this form.

Student Signature: _____
 Print Last Name: _____ Phone: () _____ Date: ___ / ___ / ___

Nondiscrimination Policy: Maria College is a nonprofit, independent, coeducational institution, which does not discriminate in its enrollment or employment practices for any reason, including race, sex, color, national origin, creed, sexual orientation, or mental or physical disability. Information about the services, activities and facilities accessible to the disabled may be obtained in the Office of Student Services, Marian Hall. For further information regarding Title IX and 504, contact Deb Corrigan, Title IX Coordinator, 518.861.2550.