REPORT OF PHYSICAL EXAMINATION

To the examining physician: This student has been accepted into the Division of Health Sciences. Please review the student's history and complete this form. Explanation of positive findings is essential. This information is strictly for the use of the Health Science Programs and will not be released without student's written consent. When the form and lab data are completed, please forward to:

Student Immunization Records Office – Administration Building
Cape Cod Community College, 2240 Iyannough Road, West Barnstable, MA 02668
508-362-2131 x 4331 Fax 508-375-4039
sthompson@capecod.edu

Student Name: **Date of Birth:** **Tel #:**

Student ID#: **Address** **City** **State** **Zip**

Please indicate the academic program by placing an ☒ in the appropriate checkbox.

☐ Nursing ☐ Day ☐ Eve ☐ LPN to RN	☐ Medical Assistant	☐ Massage Therapy
☐ Certified Nurse Aide ☐ Day ☐ Eve	☐ Dental Hygiene	☐ Phlebotomy
☐ Paramedic	☐ Medical Interpreter	

Blood Pressure: _____	**Height:** _____**ft.** _____**inches**
Vision (corrected): L_____ **R**_____	**Weight:** _____

Are there any abnormalities of the following systems? Describe fully.			**Are there any acute or chronic health care problems?**		
	Yes	**No**		**Yes**	**No**
1. Head, E.E.N.T.			**1. Allergy*** List in comments		
2. Respiratory			**2. Hepatitis**		
3. Cardiovascular			**3. Epilepsy**		
4. Gastrointestinal			**4. Diabetes**		
5. Hernia			**5. Headaches**		
6. Eyes			**6. Dizziness or fainting**		
7. Genitourinary			**7. Injuries**		
8. Musculoskeletal			**8. Back Problems/Neck**		
9. Metabolic/Endocrine			**9. Special Diet**		
10. Neuropsychiatric					
11. Skin					
Comments:			**Comments:**		
Does the individual have any structural abnormality, handicap, or injury which would interfere with meeting the requirements of a Health Science Program? Yes No			**Does the individual have any emotional or psychiatric problems that would interfere with interpersonal interaction? Yes No**		
Comments:			**Comments:**		

HEALTHCARE PROVIDER'S SIGNATURE:_____ **DATE:** _____

(Over)

Revised 3/20/13