



IMPACT

INSTITUTE

Health Occupations Education (HOE) and Primary Health Care

PHYSICAL EXAM FORM

Student Name: _____

Date: _____

B/P _____/_____

Pulse _____

Respirations _____

Temperature _____

Height _____

Weight _____

Vision

Far R20/_____

L20/_____

Corrected / Uncorrected

Near R20/_____

L20/_____

Hearing

Right _____

Left _____

Physical Examination

N – Normal

D – Deviation From Norm

Eyes / Ears _____

Lungs _____

Skin _____

Heart _____

Teeth / Gums _____

Extremities _____

Back / Spine _____

Examination Results (check one)

No work restrictions indicated _____

Recommended further evaluation _____

Following restrictions indicated _____

Physician Signature: _____

Date: _____

Hepatitis B Vaccine #1 _____

#2 _____

#3 _____

Administered By: _____

Date: _____

OVER FOR MANTOUX

Student Name: _____

Mantoux Tuberculin Testing

Please note this student is enrolled in a Certified Nursing Assistants program. In order for him/her for them to practice in the long-term care setting, they **MUST** have a two-step Mantoux. These must be administered one to three weeks apart and must have dates and times when they are administered and read.

First Step

Date Administered: _____ Time: _____

Test Administered By: _____

Site: _____

Date Test Read: _____ Time: _____

Test Results: _____ mm

Test Interpreted By: _____

Second Step

Test administered 7-21 days after the first test if the test results are non-significant.

Date Administered: _____ Time: _____

Test Administered By: _____

Site: _____

Date Test Read: _____ Time: _____

Test Results: _____ mm

Test Interpreted By: _____

I hereby certify that he/she is free of Tuberculosis in an infectious state and is capable of performing their assigned job.

Physician Signature: _____

Date: _____