

REQUIRED FOR

Certified Nursing Assistants

Phlebotomy Technicians (who did not complete the C.N.A. at Lehman College)

Physical Exam Requirements

In order to for this to be considered a Complete Physical, the following information must be included:

1. PPD skin test and results (test for TB antibodies)
 - a. If positive (+) you must have a Chest X-ray
2. Proof of immunization (Attach a Lab Report) – Immunization record or Blood Titers for:
 - a. MMR (Measles, Mumps, Rubella)
 - b. Varicella
 - c. Rubeola
 - d. Tetanus Booster Date
3. Hepatitis B Vaccine Series or declination of vaccine form
4. Completed medical form stating that student is physically fit to work with residents in a Nursing Home or Health Care Facility
5. Drug Screen (Attach Lab Report)
6. Flu Vaccine Recommended!
7. **MD or Nurse Practitioner must sign, date, and stamp medical clearance form!**

Provide the original and a copy.

*Please submit completed form to _____

You will not be able to attend clinical without a completed and reviewed physical!

No Clinical = No Test = No Certificate!

Physical Exam Form for Allied Health Programs

Name of Program: _____

Name _____ DOB _____

NYS Health Code 405 requires that this Annual Physical Examination Report be fully completed and submitted to the Chair BEFORE you will be permitted to attend your clinical site. Failure to comply will prevent you (student) from being able to attend classes and clinical experience.

The original physical exam report must be on file before the program begins. The affiliating clinical agencies may ask to see copies of this report. Make at least four (4) copies to present upon request. Once copy will become part of your permanent record.

According to New York State Law, you are required to be tested for drugs and alcohol. The use of drugs and alcohol can jeopardize your status in the program.

Please sign indicating that you understand the directions and conditions of this form

Signature: _____

PHYSICAL INFORMATION

ALL LABORATORY AND TITER REPORTS MUST ACCOMPANY THIS RECORD

****DRUG SCREEN TO BE INCLUDED****

Hepatitis B Core Antibody Results _____

Or Hepatitis Vaccine Series 1. _____ 2. _____ 3. _____

Blood Titers required***	Titer Numerical Value	Immune	Non-Immune	Immunization is required if titer shows Non-immunity. MD or NP Signature/Date Adm.
Measles Rubella)				
Mumps				
Varicella				
*Returning Students Only: If original titer shows immunity there is no need to repeat them.				
Tuberculosis Screening			Vaccine	
PPD Testing (annual): _____ / _____ Date Result			Tetanus booster _____ (within 10 years) Date given	
If Positive, a chest x-ray is required: _____ / _____ Date Result			Seasonal Flu Vaccine _____ Date given	

Educational Opportunity Center
Physical Exam Form for Allied Health Programs

Health Care Provider's Report of Examination

Name: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Blood Pressure: _____

Physical Exam: describe comments & or recommendations	
Vision	Heart
Hearing	Abdomen
Nose	Kidneys
Throat	Extremities
Teeth	Reflexes
Thyroid	Current Medications:
Lungs	
Breast	
Comments:	

Is this student physically and emotionally able to participate in the health care curriculum which will involve class work, laboratory and clinical practice? If not, please specify.

Pursuant to State of New York Department of Health Memorandum, series 88-66, 3/22/88
Health Facilities Series: H-40
Subject: Revised Part 405 Hospitals-Minimum Standards

This examination is of sufficient scope to ensure that the examined student, of this date, is able to assume his/her duties free from a health impairment, which is of a potential risk to the student the patient served by the student or, which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or any other drugs or substances, which mat alter behavior.

Health Care Provider: _____ Date: _____
Signature

Address: _____ Phone: _____

The contents of this report are confidential; release of this information will be made only by court order or written consent.

Physical Exam Requirements for EOC

Hepatitis B Virus Information Sheet

The U.S. Occupational Safety and Health Administration (OSHA) issued a Bloodborne Pathogens standard in December 1991. The rule applies to all employers who have workers that may come in contact with blood or other body fluids during the performance of their jobs, putting them at risk of contacting contagious viral infections. Allied Health students, because of the nature of their occupational training, may also be at risk of contracting these bloodborne infections.

Bloodborne pathogens include the Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS. HBV is a potentially life threatening virus. The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 208,000 HIV infections in the United States each year; about 8,700 of those infected are health care workers.

The practice of Universal Precaution or Standard Precautions may prevent exposure to potentially infectious materials. The best defense against Hepatitis B virus is vaccination. Although it is not a medical requirement, it is strongly recommended that you consider being vaccinated.

Please complete:

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of contacting the HBV infection.

I have been informed of the importance and benefits of the HBV vaccination, and it has been strongly recommended that I be vaccinated.

a. I have begun the series: Vaccine dates: 1. _____ 2. _____ 3. _____

OR

b. I will not be vaccinated at this time

Signature: _____

Date: _____

If you choose not to be vaccinated, the Hepatitis B core antibody is required