



Medical Assistant Program

Health History & Physical Examination Form

Name (print) _____ Date _____

Address: _____
Street City State Zip

Cell: _____ Date of Birth: _____ Age _____

Emergency contact:
Print Name: _____ Phone: _____
Relationship: _____

PHASE 4 Fall 2021-2022 Cohort

1. Take this form to your Licensed Healthcare Provider (LHCP) requesting they complete their portion during your physical exam.
 2. Upon completion, both you and your LHCP must sign the document in the appropriate places.
- Remember, all questions must be answered leaving no blanks.
 - Write N/A if not applicable.
 - This document is **one** portion of Phase 4 of the Medical Assistant Program application process and must be uploaded into your ACEMAPP account by **August 18th 2021**.

1. Documentation for Immunization

- While you're at your physical health examination please verify the following immunization with your providers office.
 - We will need official documentation for your vaccinations. (Not a personal home tracking card.)
- Proof of immunity by titer (bloodwork) is required for Hepatitis B. (HBsAb)
- Hepatitis B vaccination series **completed** _____ date of completed series
- _____ date of HBsAb / **Hepatitis B surface Antibody** Titer demonstrating immunity
 - _____ date of booster only if deemed medically necessary by your HCP
 - _____ Date of repeat HBV titer Results: Positive/Immune Negative
- Hepatitis B series **in process**: Follow this schedule if you have not been vaccinated for Hepatitis B
- 1st injection completed before October 2021 Date: _____
 - 2nd injection completed before November 2021 Date: _____
 - 3rd injection completed before May 2021 Date: _____
 - **Hepatitis B surface Antibody**, Titer due one month after last injection / **must be completed prior to May 2021** to be placed in clinical externship site Date: _____

- Measles-Mumps-Rubella:
 - MMR vaccination series completed _____ date of competed series
 - Titer to discern immunity Date: _____
 - 2 doses if not fully vaccinated Date: _____ Date: _____

- Varicella (chickenpox): Submit one of the following
 - Varicella vaccination series completed _____ date of competed series
 - Titer to discern immunity Date: _____
 - 2 doses if not fully vaccinated Date: _____ Date: _____

- Tetanus-Diphtheria-Pertussis: Tdap
 - Tdap booster within last 10 years. Must be current throughout program Date: _____

- Polio: IVP or OPV
 - 3 doses Series completion Date: _____
 - Booster at the recommendation of HCP Date: _____

- Quantiferon Gold or T Spot – TB SCREEN showing *negative* results Date: _____
 - If results are positive: clear radiological report as provided by licensed healthcare provider
 - *Not accepting TB Skin Test*

- Flu vaccine (Seasonal) - strongly recommended. Date: _____
 - Note: Majority of clinical sites requiring Flu vaccine for student externs

- COVID 19 vaccine - strongly recommended. Date: _____
 - Note: Clinical sites might require COVID vaccine for student externs to have patient contact.

2. PHYSICAL EXAMINATION (Must be completed by an MD, DO, ANP / FNP, PA-C, ND)

General Appearance: _____

Height: _____ Weight: _____ Blood Pressure: _____

	WNL	COMMENTS / FINDINGS / RESTRICTIONS
HEENT		
Derm		
Respiratory		
Nervous system		
Cardio-Vascular		

GI		
GU		May be deferred to Specialist
Musculoskeletal ○ Back Exam		
Endocrine ○ CBg only as indicated		

Notes / Comments:

3. LICENSED HEALTH EXAMINER'S STATEMENT of INDIVIDUAL PROFESSIONAL STANDARDS

Please mark either (Yes) or (No) Comments / Concerns / Restrictions on the following –

- **Strength and mobility** sufficient to perform patient care activities and emergency procedures.
Examples of relevant activities:
 - Safely transfer patients / move patient in wheelchair
 - Ability to lift / move 50 lbs
 - Repetitive bending, squatting and twisting motions
 ✓ **(Yes) (No)**
 ✓ **Comments / Concerns / Restrictions:**

- **Physical endurance** sufficient to complete assigned periods of clinical practice.
 - Prolonged time on feet (10-12hr)
 - Prolonged time on shift moving about in the care of patients and in physician support
 ✓ **(Yes) (No)**
 ✓ **Comments / Concerns / Restrictions:**

- **Emotional stamina & stability** to function effectively under stress including managing full time, intensive career-technical education program, the pace of the ambulatory medical setting; to adapt to frequently changing situations; the ability to remain calm in urgent or emergency situations and to follow through on assigned patient care responsibilities.
 - ✓ **(Yes) (No)**
 - ✓ **Comments / Concerns / Restrictions:**

- **Visual acuity** sufficient to assess patients and their environments.
Examples of relevant activities:
 - Accurately read medication labels and information; equipment specifics
 - Draw up the correct quantity of medication into a syringe
 - Detect changes in skin color or condition; rashes, lesions, sutures

- Collect data from recording equipment and measurement devices used in patient care
- Detect a fire in a patient area and initiate emergency action
- ✓ **(Yes) (No) Comments / Concerns / Restrictions:**

- **Hearing ability** sufficient to assess patients and their environments.
Examples of relevant activities:
 - Clearly communicate in telephone conversations; taking phone messages
 - Communicate accurately with patients and with other members of the healthcare team
 - Detect sounds related to bodily functions using a stethoscope or other medical equipment
 - Detect audible alarms within the frequency and volume ranges of sounds generated by mechanical systems that monitor bodily functions
- ✓ **(Yes) (No) Comments / Concerns / Restrictions:**

- **Olfactory ability** sufficient to assess patients.
Examples of relevant activities:
 - Detect foul odors emitted from the body or bodily fluids: infections / breath
 - Detect smoke from burning materials
- ✓ **(Yes) (No)**
- ✓ **Comments / Concerns / Restrictions:**

- **Tactile ability** sufficient to assess patient.
Examples of relevant activities:
 - Detect changes in skin temperature
 - Detect unsafe temperature levels in heat-producing devices used in patient care
 - Detect anatomical landmarks
 - Ability to detect pulse points for vital signs
 - Ability to detect veins for venipuncture
- ✓ **(Yes) (No)**
- ✓ **Comments / Concerns / Restrictions:**

- **Fine motor skills** sufficient to perform psychomotor skills integral to patient care.
Examples of relevant activities:
 - Activate safety devices, safely dispose of needles in sharps containers
 - Manipulate small equipment, such as B/P cuff, containers, syringes, vials/ampoules, and medication or equipment packages to administer medications.
 - Wound care
- ✓ **(Yes) (No)**
- ✓ **Comments / Concerns / Restrictions:**

- **The ability to communicate effectively in English (speak, read and write), and to comprehend in English** at a level that meets the expectation for accurate, clear, and effective communication *without patient safety concerns* in the educational or medical setting.
- ✓ **(Yes) (No)**

✓ **Comments / Concerns / Restrictions:**

- **Cognitive ability** to collect, analyze and integrate information and knowledge; in addition to following multistep instructions, in order to respond by making appropriate, safe and clinically sound judgments, multitasking as done in the clinical setting and the ability to make patient management decisions that promote positive patient outcome.

✓ **(Yes) (No) Comments / Concerns / Restrictions:**

- Current prescribed medications can be safely taken while administering medical assisting care to patients, and supporting licensed healthcare providers.

✓ **(Yes) (No)**

✓ **Comments / Concerns / Restrictions:**

NOTE: Students with exudative lesions or weeping dermatitis would be excluded from direct peer interaction, patient care and from handling patient-care equipment and devices used in performing invasive procedures, until the condition resolves.

- Skin is currently free from exudative lesions or weeping dermatitis.

✓ **(Yes) (No)**

✓ **Comments / Concerns / Restrictions:**

3. As the medical provider for _____, I believe the **physical - emotional - and mental health** of this applicant **__ will __ may not** enable this individual to successfully perform the functions necessary as a Medical Assistant student in the college academic and fast paced clinical settings.

***** Comments / Concerns / Restrictions/ Accommodations required:**

Examiners **PRINTED** Name & Credential

Examiners **Signature**

Date

Name of medical facility

Form must be signed by Medical Assistant Program applicant:

The information given on this form is complete and accurate. I understand that omission(s) or falsification(s) will result in denial of approval for admission into the Medical Assistant program. False information or omissions discovered at a later date may result in dismissal from the program.

Printed Name

Signature

Date