

Allergies (drugs/food/latex/contrast/other):

None

Yes (Please list below)

Allergy	Reaction
1.	
2.	
3.	
4.	
5.	

Social History:

Do you smoke? Y N

Do you use recreational drugs? Y N

Do you drink alcohol? Y N

Family History of medical complications/disease:

To be completed by physician or nurse practitioner:

Review of Sytems:

Comments:

Eyes	Neg	Pos	Not Done	
Ears/Nose/Mouth/Throat	Neg	Pos	Not Done	
Cardiovascular	Neg	Pos	Not Done	
Gastrointestinal	Neg	Pos	Not Done	
Respiratory	Neg	Pos	Not Done	
Musculoskeletal	Neg	Pos	Not Done	
Integumentary	Neg	Pos	Not Done	
Neurologic	Neg	Pos	Not Done	
Endocrinology	Neg	Pos	Not Done	
Psychiatric	Neg	Pos	Not Done	
Hematologic/Lymphatic	Neg	Pos	Not Done	
Genitourinary	Neg	Pos	Not Done	

Physical Exam:

Vital Signs: T: _____ BP: _____ Pulse: _____ RR: _____ %O₂ _____ L/min Wt _____ Ht _____

General Appearance: _____

Head/Eyes/Ears/Nose/Throat: _____

Neck: _____

Heart: _____

Lungs/Chest: _____

Abdomen: _____

Extremities/Back: Able to lift 50 lbs. _____ Y _____ N
: Able to walk for extended periods of time _____ Y _____ N
: Able to sit for extended periods of time _____ Y _____ N
: Able to bend frequently _____ Y _____ N
: Able to occasionally push carts weighing up to 100 lbs. _____ Y _____ N

Skin: _____

Neurologic: _____

Lymphatic: _____

Rectal Exam: _____ Declined _____ Not Done : _____

Pelvic/GU Exam: _____ Declined _____ Not Done : _____

The examination must include copies of:

2 Step Mantoux Test (chest x-ray if positive Mantoux Tuberculosis Test)

Date of first test ____/____/____ Date of second test ____/____/____

Laboratory Tests

Complete blood count

Urinalysis

Immunizations:

Diphtheria

MMR

Rubella and Rubeola or documented immunity

Hepatitis B (3 injections, first injection must be done before clinical begins)

Attending Note: I have personally seen and examined the patient and reviewed with _____
the history, physical examination, laboratory data, and studies. (Student Name)

(Provider Signature)

(Printed Provider Name & Credentials)

___/___/____ at ___:___am/pm
(Date) (Time)