

**Grossmont College Cardiovascular Technology Department
MEDICAL EXAMINATION FORM**

(Physical examination must be done no more than 6 months prior to entering the program)

TO THE PHYSICIAN: Grossmont College requires a physical examination for students enrolling in the Cardiovascular Technology Program. A statement of your knowledge of this student's health (mental and physical) will be greatly appreciated. This report goes directly to the Cardiovascular Education Department and will be released only to authorized college, clinical facilities and hospital personnel.

STUDENT'S NAME _____
 (PRINT) *Last* *First* *Middle Initial*

DISCLOSURE AND CERTIFICATION STATEMENTS

I hereby grant permission for the release/disclosure of health screening medical information between and among authorized college, clinical facilities and hospital personnel.

 Applicant's Signature

 Date

Health History – to be completed by student.	CHECK "YES" or "NO"	
1. Have you ever been hospitalized?	Yes	No
a. List health problem:	Date:	
b. List operations performed:	Date(s):	
2. Are you under a physician's care now?	Yes	No
a. List name of personal M.D.:		
b. List health problems:		
c. Are you taking medications on a regular basis?	Yes	No
List:		
3. Do you have any allergies?	Yes	No
List medications you are allergic to:		
List other allergies: (food, pollen, contact, animal, dust):		
4. a. Have you had a back or neck or wrist injury?	Yes	No
b. Have you had an injury to any muscle, bone, ligament or tendon?	Yes	No
c. Was medical attention or surgery required?	Yes	No
Please explain:		
5. Do you smoke? Packs per day =	Yes	No
PLEASE INDICATE WITH A CHECK IF YOU OR A FAMILY MEMBER HAVE HAD:	SELF	FAMILY MEMBER
a. Hypertension (High blood pressure)		
b. Heart disease		
c. Diabetes		
d. Cancer		
e. Tuberculosis		
f. Seizure disorder		
g. Asthma		
h. Chickenpox		

i. Drug and/or alcohol abuse

**To be completed by the
PHYSICIAN:**

BP _____ P _____ R _____ Ht. _____ Wt. _____

	Normal	Abnormal		
Vision:	_____	_____	R.Eye 20/ Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	L.Eye 20/ C/Lens <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing:	_____	_____		

If Abnormal, please complete the following decibel information.

	R. Ear	L. Ear
500 hz	_____ dcb	_____ dcb
1000hz	_____ dcb	_____ dcb
2000hz	_____ dcb	_____ dcb

PHYSICAL EXAM:

	Normal	Abnormal	Description:
1. General Appearance	_____	_____	_____
2. Skin	_____	_____	_____
3. Nodes	_____	_____	_____
4. Skull	_____	_____	_____
5. Ears	_____	_____	_____
6. Eyes	_____	_____	_____
7. Nose	_____	_____	_____
8. Oropharynx	_____	_____	_____
9. Dental	_____	_____	_____
10. Neck & Thyroid	_____	_____	_____
11. Chest	_____	_____	_____
12. Cardiovascular	_____	_____	_____
13. Abdomen	_____	_____	_____
14. Hernia Check	_____	_____	_____
15. Musculoskeletal	_____	_____	_____
a. Neck	_____	_____	_____
b. Back	_____	_____	_____
c. Shoulders	_____	_____	_____
d. Knee	_____	_____	_____
e. Ankle	_____	_____	_____
f. Feet	_____	_____	_____
g. Other	_____	_____	_____
Neurological	_____	_____	_____

Comments: _____

Grossmont College Cardiovascular Education Supplemental Medical Guidelines

To be completed by the PHYSICIAN:

Cardiovascular Technology students must be able to do total patient care in all Cardiovascular areas without physical, emotional or psychological limitations. Written documentation of complete recovery from any previous injury and/or illness must be provided. Following is a brief description of the type of physical activities that students will perform while working with patients in the hospital.

1. Moderate to heavy lifting and carrying (50 pounds).
2. Pushing, pulling, bending and kneeling around patients using various types of hospital equipment such as wheelchairs, gurneys, lifting devices and specialized beds.
3. Fine motor dexterity using both hands while preparing medications and manipulating a variety of instruments and assessment devices.
4. Rapid mental processing and simultaneous motor coordination.
5. Extensive periods of walking and standing.
6. Visual discrimination including depth perception and color vision.
7. Ability to hear the spoken word in settings where other sounds are present.
8. Working with hands in water (frequent handwashing is required).
9. Working with various materials and substances to which some individuals may be allergic.
10. Casts, splints, braces are not allowed in clinical settings.

Mark the appropriate box below:

After reviewing the "Supplemental Medical Guidelines" listed above and based on findings from the patient's history and physical exam, I certify that the above student is physically and mentally capable of fully participating in the Grossmont College's Cardiovascular Technology Program.

The following health problems(s) should be further evaluated **PRIOR** to participation in a clinical assignment:

Examiner's Signature

Date

License # _____

Business Card or facility stamp must
accompany this form.