

# Gadsden Center for Health Education

SCHOOL OF PRACTICAL NURSING

At

GADSDEN TECHNICAL INSTITUTE



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## HEALTH RECORD

TO BE COMPLETED BY HEALTH CARE PROVIDER

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*(Documentation of the following information is required).*

### MEDICAL HISTORY VERIFICATION

IMMUNIZATIONS/BOOSTER	DATE(S) RECEIVED	COMMENTS/FOLLOW-UP (if applicable)
Tetanus		
MMR (Measles, Mumps, Rubella) Vaccine X2		
Hepatitis B Vaccine Series (3)		
Varivax X2 or Varicella ( <i>Titer</i> )		
Flu Vaccine		
<b>OTHER</b>		
TB (Tuberculosis Test. Blood Test Preferred)		Results:
Chest X-ray (if previous positive TB test)		

\*\*\*Immunization/shot record must be submitted with this physical examination

### PHYSICAL EXAMINATION

		Normal	Abnormal	COMMENTS (for Abnormal)
1.	<b>EYES:</b> (Discharge, Strabismus, Pterygium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<b>EARS:</b> (Discharge, Evidence of deafness, middle ear or mastoid disease, drums absent, perforated, dull, retracted.)	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<b>NOSE:</b> (Obstruction, evidence of chronic sinus infection)	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>THROAT:</b> (Tonsils enlarged or removed)	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>MOUTH:</b> (Missing teeth, pyorrhea, caries, abnormal tongue or palate)	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<b>NECK:</b> (Thyroid enlargement)	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<b>BREAST:</b> (Abnormal discharges, nodules, masses)	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<b>LUNGS:</b> (Conformation, respiratory movement, breathing sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<b>ARTERIES:</b> (Peripheral pulsation)	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<b>HEART:</b> (Enlargement, thrills, murmurs, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<b>VEINS:</b> (Varicose, location, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<b>ABDOMEN:</b> (Scars, masses, palpable liver or spleen, tenderness)	<input type="checkbox"/>	<input type="checkbox"/>	
13.	<b>HERNIA:</b> (Type, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
14.	<b>GENITALIA/MALE:</b> (Discharge, varicocele, prostate)	<input type="checkbox"/>	<input type="checkbox"/>	
		Normal	Abnormal	COMMENTS (for Abnormal)

15.	<b>GYNECOLOGICAL:</b> (Significant abnormal condition, severity)	<input type="checkbox"/>	<input type="checkbox"/>	
16.	<b>ANO-RECTAL:</b> (Hemorrhoids, prolapse, fissure, fistula)	<input type="checkbox"/>	<input type="checkbox"/>	
17.	<b>NERVOUS SYSTEM:</b> (Gait, reflexes, sensation, seizure)	<input type="checkbox"/>	<input type="checkbox"/>	
18.	<b>PSYCHIATRIC:</b> (Mood, abnormal behavior, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
19.	<b>SKIN:</b> (Lesions, scars, abnormalities, extent and severity)	<input type="checkbox"/>	<input type="checkbox"/>	
20.	<b>MUSCULOSKELETAL:</b> (Congenital or acquired impairment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
21.	<b>GOOD HEALTH HABITS</b>	<input type="checkbox"/>	<input type="checkbox"/>	
22.		<b>(Other)</b>		
23.		<b>(Other)</b>		

### PROGRAM ESSENTIAL TASKS

Health related occupations are demanding, both physically and emotionally. Before entering a program in the health field, it is important to review the following tasks which have been established. Their performance is essential for success in the program.

**To be completed and signed by the Health Care Provider ONLY:**

**Physical Requirements:**

- Ability to perform repetitive tasks
- Ability to walk the equivalent of five miles per day
- Ability to reach above shoulder level
- Ability to project audible verbal communications at a distance of 4 feet
- Ability to demonstrate high degree of manual dexterity
- Ability to work with chemicals and detergents
- Ability to tolerate exposure to dust and/or odors
- Ability to grip
- Ability to distinguish colors
- Ability to lift a minimum of 25 lbs. & maximum of 100 lbs.
- Ability to bend knees
- Ability to sit or stand for long periods of time
- Ability to perform CPR
- Vision within normal limits
- Hearing with normal limits

**ADDITIONAL COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

I have completed the physical examination, reviewed the health record and find this person to be free of communicable disease, meet the above requirements and is able to participate in the program selected above.

\_\_\_\_\_  
**Signature and Title of Examiner**

\_\_\_\_\_  
**Date**

**Office Stamp (if applicable)**

It is my recommendation that this person **not participate** in the Program at this time.

\_\_\_\_\_  
**Signature and Title of Examiner**

\_\_\_\_\_  
**Date**

*Original to be retained with Gadsden Center for Health Education at Gadsden Technical Institute.*

Mission Statement

The mission of Gadsden Technical Institute is to recognize the worth and potential of each student. We are committed to providing opportunities for basic and advanced instruction in a conducive learning environment. The Center encourages academic and technical curiosity, innovation and creativity by integrating applied academic skills in all occupational areas. We strive to instill the attitudes and skills necessary to produce motivated, self-sufficient individuals who are able to function effectively in our ever-changing, complex society.