

St. Petersburg College
HEALTH EXAMINATION FOR HEALTH OCCUPATION PROGRAMS

NAME: Last First Middle Initial Program Applying For

TO THE PHYSICIAN: The patient requesting this health examination is an applicant to one of the health occupation programs at St. Petersburg College. The purpose of the examination is to ascertain whether the applicant's health is adequate to enter occupational programs requiring physical and emotional stamina, and contact with patients in clinical settings. Should you have questions regarding this form, please call or write the director of the health program to which your patient is applying. The Health History below should be completed by the applicant prior to the physician's examination. **Thank you for your assistance.**

TO BE COMPLETED BY A LICENSED HEALTH PRACTITIONER (M.D., D.O., A.R.N.P., P.A.)

Height:	Weight:	Pulse:	Blood Pressure:
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Health History: To be completed by applicant.
Please describe all problems you have or had.

Check Each Item Below: To be completed by practitioner.

- | | Yes | No | | Normal | Abnormal | | |
|-----|-----|----|--|--------|----------|-----|---------------------------------|
| 1. | | | Eye or vision problems | | | 1. | Ears, hearing |
| 2. | | | Ear or hearing problems | | | 2. | Oral cavity: hard & soft tissue |
| 3. | | | Mouth or teeth problems | | | 3. | Nose, throat and sinuses |
| 4. | | | Ear, nose, throat | | | 4. | Lungs |
| 5. | | | Cough, sputum, difficulty breathing | | | 5. | Breasts |
| 6. | | | Breast lumps, enlargements, nipple drainage | | | 6. | Heart-size, rhythm & sounds |
| 7. | | | Heart disease/hypertension | | | 7. | Lymph nodes |
| 8. | | | Swollen lymph nodes | | | 8. | Abdomen |
| 9. | | | Indigestion, pain or food intolerance | | | 9. | Back |
| 10. | | | Bowel-constipation, diarrhea | | | 10. | Upper extremities |
| 11. | | | Back pain or surgery | | | 11. | Lower extremities |
| 12. | | | Muscle pain, weakness | | | 12. | Feet and arches |
| 13. | | | Foot problems | | | 13. | Reflexes |
| 14. | | | Headaches or seizure | | | 14. | Skin |
| 15. | | | Skin rashes, lesions | | | 15. | Genitalia |
| 16. | | | Urinary problems | | | 16. | Anus |
| 17. | | | Rectal problems | | | 17. | Posture |
| 18. | | | Female: vaginal discharge/excessive bleeding | | | 18. | Pelvic exam |
| 19. | | | Male: prostate problems | | | | |
| 20. | | | Emotional illness | | | | |
| 21. | | | Diabetes | | | | |
| 22. | | | Allergies | | | | |
| 23. | | | Chemical dependency/substance abuse | | | | |
| 24. | | | Other _____ | | | | |

**Describe any abnormalities.
Precede each comment by
number referring to
appropriate item.**

Visual Exam:

Distance: OD _____ OS _____
Near: OD _____ OS _____

