In order to participate in the clinical portion of any health science program, the student must complete a Medical History and Physical Examination Form. Admission into the PTA Program is provisionally based upon acceptance of the approved health evaluation record.

Failure to submit the original form - complete with documentation - may prevent the student from progressing to the clinical portion of the program. Valid verification of immunizations is required for eligibility to attend clinicals at the health care agencies.

Students are responsible for the cost of the physical examination and any related expenses.

Section 1: Student Self-Report of Medical History
This section about past and current health status should be completed by the student prior to having the physical examination.

Section 2: Medical History and Physical Examination
The Health Care Examiner will review any documentation the student provides.

Immunization Verification
I. A PPD and/or CXR required annually, within the past 12 months. The PPD result must be documented in millimeters of induration. If a PPD is positive, a chest x ray is required every year. QuantiFERON TB Gold Test is not accepted.

II. A Tdap (Tetanus, Diphtheria, and Pertussis) vaccine is required within 10 years of the date of the examination.

III. A seasonal flu vaccine is required with documentation during flu season.

IV. Measles, Mumps, Rubella, Varicella, titers must be completed to verify immunity. Titers must be completed within 10 years of the date of the examination. All negative results necessitate a vaccination. If the Measles, Mumps, Rubella or Varicella titer is negative, two post-titer MMR or Varicella boosters are required. A student stating that they have had the disease is NOT acceptable documentation

V. Hepatitis B titer must be completed within the past ten years. If negative, the Hepatitis series must be completed (0, 1 month, 2 months after the second dose – 6 months after if using the combined Hepatitis A & B vaccine) OR the student can decline.

VI. Results of all laboratory blood tests and diagnostics are required.

VII. Examiner must initial after completing each section.

Health Care Examiner’s Statement
This section is to be completed by a Licensed Professional Health Care Examiner (MD, DO, ARNP or PA only). All sections must be completed with a signature provided.

The following sections must be reviewed and signed by the student:

Section 3: Release of Information
Section 4: Verification of Compliance with Technical Performance Standards
Section 5: Permission to Render Medical Treatment

Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.

Revised 07/17
Section 1: Student Self Report of Medical History – Please Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID</th>
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<tbody>
<tr>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell</th>
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<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Contact at:</th>
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<table>
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<tr>
<th>BC Email Address</th>
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</table>

Review of Systems / Medical History — please check all that apply

- Abnormal Bleeding
- Hernia
- Allergies
- High Blood Pressure
- Anemia
- High Cholesterol
- Anxiety
- Intestinal / Stomach
- Arthritis
- Low Back Condition / Scoliosis
- Asthma
- Mental Disorder
- Cancer
- Mononucleosis
- Chest Pain
- Neck Condition
- Chronic Cough
- Neurological Disorder
- Concussion / Head Injury
- Orthopedic Disorder
- Depression
- Prior Surgery
- Diabetes
- Rheumatic Fever
- Ear Problem / Hard of Hearing
- Seizure Disorder
- Eating Disorder
- Sickle Cell Trait
- Eye Problem / Vision Loss
- Sinus Problems
- Fracture of
- Skin Disease
- Gallbladder Disease
- Spleenectomy
- Headaches / Migraines
- Sprain of
- Heart Murmur or Arrhythmia
- Syncope / Fainting
- Heart Problem (other)
- Thyroid Disease
- Hepatitis
- Tuberculosis

Provide information regarding any of the boxes checked above. Explain medical/psychological occurrence and current status.

Please indicate any health concerns, if any, that you presently have:

Allergies: _____ None _____ Latex _____ Penicillin/Ampicillin _____ Other
Section 2: Medical History & Physical Examination

Examiner: Please examine this student as you would for a routine check-up. This student will be working closely with clients in various health care settings. Please indicate/comment on any abnormal findings; using additional sheets if necessary or providing further documentation.

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>FINDING</th>
<th>COMMENTS/PREVIOUS CONDITIONS/SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Endocrine/Metabolic</td>
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<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<tr>
<td>Gastrointestinal</td>
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<td>Genitourinary</td>
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<td>Integumentary</td>
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<tr>
<td>Musculoskeletal</td>
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<tr>
<td>Neurological</td>
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<td></td>
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<tr>
<td>Respiratory</td>
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</table>

Examiner: Summarize diagnosis, treatment and prognosis or provide any official documentation as it relates to any written response.

Is the student currently taking any medications?  
If yes, please list:  

Is the student restricted from participating in unlimited physical activities in the clinical area?  
If yes, please specify limitation:  

Does the student require any follow-up health supervision?  
If yes, please specify:  

Within the last 5 years, has the student been treated for substance related (drug/alcohol) disorder?  
If yes, please specify:
# Student Name:

Mantoux PPD – Tuberculin Test and/or CXR required annually – within past 12 months

<table>
<thead>
<tr>
<th>PPD Test Date</th>
<th>Attach supporting documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time Administered</td>
<td>Administered by</td>
</tr>
<tr>
<td>Manufacture of PPD</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Date Read</td>
<td>Read By</td>
</tr>
</tbody>
</table>

Results in Millimeters of Induration

If results are positive or restricted from a PPD due to the BCG vaccine, a chest X-ray is required

| Chest X-ray Date | Attach Results of Chest X-ray | Examiner’s Initials |

Tdap (Tetanus, Diphtheria, Pertussis) – within 10 years

| Date Vaccination Provided | Attach supporting documentation | Examiner’s Initials |

Flu Vaccine - seasonally between September 15 & March 31

<table>
<thead>
<tr>
<th>Date of Vaccine</th>
<th>Attach supporting documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot Number</td>
<td>Examiner’s Initials</td>
</tr>
</tbody>
</table>

MMR - Rubeola(Measles), Mumps(Parotitis), Rubella(German Measles) within 10 years

| Date Titer Completed | Attach supporting documentation | Examiner’s Initials and date |

Varicella – Chickenpox – within 10 years

| Date Titer Completed | Attach supporting documentation | Examiner’s Initials and date |

Hepatitis B Titer - within 10 years

| Date Titer completed | Results | Examiner’s Initials |

Hepatitis Series – within 20 years

| Date Booster completed | Examiner’s Initials and date |

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by refusing to take this vaccination, I continue to be at risk of acquiring Hepatitis B.

**Student Signature required:**

**Date:**

**Health Care Examiner’s Statement**

I have verified that the individual I have examined is the individual on this form and that the above tests/vaccinations were performed in this office/laboratory or I have reviewed any documentation relative to the student’s immunization record.

Examiner’s Name: (Please Print) ________________________________

Signature of Health Care Examiner: ______________________________

License #: __________________________ Phone: ______________________ Date: ______________________

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Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.
Section 3: Release of Information

In conformance with 20 U.S.C. 123g (Family Education Rights and Privacy Act) and Section 228.093, Florida Statutes, I authorize Broward College and its agents to release and disclose the information contained in this form, including my immunization record, upon request, to a clinical affiliation site.

_____ I herein give permission to duplicate the requested information and release it to the clinical site.

_____ I do not give permission to duplicate the requested information and release it to the clinical site.

Student Signature: ___________________________ Date: ________________

Section 4: Verification of Compliance with Technical Performance Standards

The Health Science Education has outlined specific Technical Performance Standards that serve to inform students of skills and/or physical/psychological demands necessary for program completion and workplace responsibilities.

After review of the Technical Performance Standards for my program of study (attached):

_____ I have determined that I will be able to perform the standards or essential skills listed.

_____ I have determined that I will be able to perform the standards or essential skills listed but will require reasonable accommodation. I have registered with Disability Services and will arrange to meet with the Associate Dean to determine the accommodation necessary.

Student Signature: ___________________________ Date: ________________

Section 5: Permission to Render Medical Treatment

In case of serious illness or accident, I give Broward College or its representative(s) permission to secure medical and/or surgical care to include transportation to a physician or hospital of their choice, examination, medication, and surgery that is considered necessary for my good health. I understand that I am responsible for any cost incurred if not covered by the Health Care Agency Affiliation Contract or by the Health Science accident insurance.

Student Signature: ___________________________ Date: ________________
Technical Performance Standards
PTA Program

The technical performance standards of the Health Science programs outline the expectations and abilities considered essential for student success relative to achieving the level of competency required for graduation. Potential students should carefully review all of the standards as detailed below.

Data Collection Standards

- Tactile ability sufficient for collection and assessment of data such as pulse and temperature.
- Ability to adjust settings on equipment as needed.
- Auditory ability sufficient to monitor and assess health care needs including but not limited to hearing monitor alarms, emergency signals, ausculatory sounds, and verbal communication as when a patient/client calls for assistance.
- Visual ability sufficient for assessing and observing the patient/client and environment including near and far acuity, depth perception, visual fields, and color vision. Be able to distinguish between slightly different shades of gray.

Communication Standards

- Possess sufficient communication skills to interact effectively with others verbally, non-verbally and in written form demonstrating sensitivity to individual and cultural differences.
- Ability to express self verbally in a language that will be understood by a majority of patients/clients.
- Possess ability to recognize, interpret and respond to non-verbal cues from patients and clients.

Sensorimotor Standards

- Gross and fine motor abilities sufficient to provide safe and effective care including the ability to assist with positioning of patients.
- Standing and walking for extended periods of time and physical abilities sufficient to move from room to room, to maneuver in patient rooms and other small areas
- The motor skills of stooping, kneeling, crouching, crawling, reaching, and handling such as required to assist patient/client during a radiation therapy procedure
- Ability to perform medium work (defined as lifting 60 pound maximum with frequent lifting or carrying of objects weighing up to 30 pounds) such as required to manually move medical equipment
- Ability to walk with good balance, resist challenge while walking and support a patient/client who may have poor balance/weakened musculature during gait, ability to negotiate environmental barriers safely with patient/client
- Fine motor coordination (manual dexterity) sufficient to manipulate and use medical equipment and computers for treatment planning
- Independent mobility including transportation to/from campus and clinical courses
- Stamina to participate in physical activity over prolonged periods of time while positioning a patient/client and providing physical assistance to patients/clients.
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
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</thead>
</table>

**Intellectual and Conceptual Standards**

- Ability to assimilate, within a reasonable amount of time, large amounts of complex, technical and detailed information from a variety of sources
- Ability to identify cause-effect relationship in order to make judgments and set priorities in clinical situations
- Recognize physiological changes in patient/client status and act appropriately
- Ability to function during stressful situations
- Ability to prioritize multiple tasks, integrate information and make decisions promptly

**Behavioral and Social Standards**

- Possess sufficient interpersonal skills to establish meaningful and effective rapport with patients/clients, families, and colleagues from a variety of different social, emotional, economic, cultural, ethnic, religious and intellectual backgrounds as well as within all age groups
- Ability to cope with heavy workload schedule and patient demands
- Function effectively during periods of high stress
- Display adaptability
- Accept responsibility for own behavior
- Engage in self-assessment activities which includes identification of learning needs

**Ethical Standards**

- Exhibit a respect for truth and a commitment to honesty in all didactic and clinical pursuits adhere to ethical and legal guidelines established by applicable national organizations and governmental agencies
- Abide by all institutional regulations.
- Appreciate and respect patient/family confidentiality
- Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.