

**BROWARD COLLEGE NURSING PROGRAM
MEDICAL HISTORY & PHYSICAL EXAM UPDATE FORM**

Last Name	First Name	Student ID #
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Annual Update of Review of Systems / Medical History Please check all that apply			
Abnormal Bleeding		Hepatitis	
Allergies – Latex, Penicillin, Ampicillin, Other		Hernia	
Anemia		High Blood Pressure	
Anxiety		High Cholesterol	
Arthritis		Intestinal / Stomach Trouble	
Asthma		Low Back Condition / Scoliosis	
Cancer of		Mononucleosis	
Chest Pain		Neck Condition	
Chronic Cough		Neurological Disorder	
Concussion / Head Injury		Orthopedic Disorder	
Emotional Disturbance		Prior Surgery	
Depression		Rheumatic Fever	
Diabetes		Seizure Disorder	
Ear Trouble / Hard of Hearing		Sickle Cell Trait	
Eating Disorder		Sinus Problems	
Eye Trouble / Vision Loss		Skin Disease	
Fracture of _____		Splenectomy	
Gallbladder Disease		Sprain of _____	
Headaches / Migraines		Syncope / Fainting	
Heart Murmur or Arrhythmia		Thyroid Disease	
Heart Problems (other)		Tuberculosis	

Mantoux PPD – Tuberculin Test – required annually		
PPD Test Date:	Attach supporting results of laboratory test	
<i>If result of tuberculin test is positive or if restricted from a PPD due to the HCG vaccine, a chest X-ray or a Quantiferon TB Gold blood test is then required.</i>		
Chest X-ray Date:	Attach results	Examiner's Initial / Date
Quantiferon TB Gold : Date	Attach results	

Influenza Virus Vaccine – Flu Shot – required seasonally between September 15 & March 31		
<i>Student must provide medical documentation of vaccination being administered or medical exemption.</i>		
<input type="checkbox"/> Vaccination Provider	Injection Date:	
<input type="checkbox"/> Exemption	Reason for Exemption:	
Medical Examiner Signature (MD/DO/ARNP)		

Please indicate any health concerns that you presently have and provide information regarding any of the boxes checked above.

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.

Medical History and Physical Examination

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

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Cardiovascular			
Endocrine/Metabolic			
Eyes/Ears/Nose /Throat			
Gastrointestinal			
Genitourinary			
Integumentary			
Musculoskeletal			
Neurological			
Respiratory			

Is the student under treatment for any medical, surgical or emotional/psychological condition? YES NO
If yes, please provide details:

Is the student now taking any medications? YES NO
If yes, please list:

Is the student limited from participating in physical activities in the clinical area? YES NO
If yes, please specify limitations:

Does the student require any follow-up health supervision? YES NO
If yes, please specify:

Within the last 5 years, has the student been treated for any substance related (drug/alcohol) disorder? YES NO
If yes, please specify:

EXAMINER'S NAME (PLEASE PRINT) _____	PHONE _____
ADDRESS _____ CITY _____	STATE _____ ZIP _____
SIGNATURE OF MD/DO/ARNP _____	DATE _____
LICENSE # _____	

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