

# WILCO AREA CAREER CENTER

500 Wilco Blvd  
Romeoville, IL 60446

## PHYSICAL EXAM FORM

### To be completed by student:

Name \_\_\_\_\_ Home School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

### Person to notify in case of emergency:

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Immunizations:

**Tuberculosis skin test: (2-step Mantoux)**

**TB Tine test is not accepted**

#1. Date given: \_\_\_\_\_ Date read/reaction: \_\_\_\_\_ Signature \_\_\_\_\_

#2. Date given: \_\_\_\_\_ Date read/reaction: \_\_\_\_\_ Signature \_\_\_\_\_

Use above form or attach copies of TB test administration

Documentation of a 2 Step TB Mantoux test is required prior to the start of the clinical rotation. The second Mantoux test must be administered within 7-21 days of the first test, if the reaction to the initial test is negative. A single step Mantoux will only be accepted if a 2 step Mantoux was done within the past year. If a student has a recorded positive Mantoux, a chest x-ray is required.

\*Reaction to test should be read within 48-72 hours by the administering facility.

Name \_\_\_\_\_

**To be completed by physician:**

PHYSICIAN: In the section below, denote whether area is within normal limits (WNL) or abnormal. Record details in the remarks section.

WNL

ABNORMAL

- |       |       |  |
|-------|-------|--|
| _____ | _____ | General Appearance   |
| _____ | _____ | Eyes (Include lids, pupils, fundi, EOM)                      |
| _____ | _____ | Nose   |
| _____ | _____ | Mouth  |
| _____ | _____ | Throat (Include pharynx, tonsils)                            |
| _____ | _____ | Teeth and Gums   |
| _____ | _____ | Neck (Include carotids and thyroid)                          |
| _____ | _____ | Lymph Nodes (cervical axillary, inguinal, epitrochlear)      |
| _____ | _____ | Chest and lungs  |
| _____ | _____ | Heart (Size, rhythm, murmur, quality of tones, thrill)       |
| _____ | _____ | Abdomen (appearance, liver, spleen, scars, mass, tenderness) |
| _____ | _____ | Hernia (umbilical, inguinal, femoral, incisional)            |
| _____ | _____ | Extremities (Feet, edema, pulses, ROM, deformity)            |
| _____ | _____ | Skin   |
| _____ | _____ | Rectal   |
| _____ | _____ | Pelvic   |
| _____ | _____ | Back (attention to list, pelvic, tilt, scoliosis, ROM)       |
| _____ | _____ | Neurological (Include reflexes)                              |

Explain any checks in the abnormal section. (Note asthma or diabetes)

**Student is able to participate in all aspects of the course (clinical included) without restrictions.**

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician name printed: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone # \_\_\_\_\_