

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 _____

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 # _____

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.