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)

<u>TB Tine test is not accepted</u>

#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 proof of a 2 step Mantoux done within the past year is attached to this form. 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.