

San Jacinto College Central Campus

Physical Examination

Department of Medical Laboratory Technology

8060 Spencer Highway Pasadena, TX 77505

This form should be filled out completely by a physician or nurse practitioner. The physician is requested to make a careful examination. Defects found after admission may lead to the rejection of the student.

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: _____ Height: _____ Weight: _____

A. Medical history of family with special reference to chronic illness and mental or nervous disorders:

B. Medical history of the student: _____

1. Any hoarseness, cough, or shortness of breath on moderate exertion: _____

2. Tuberculosis: _____ Type: _____

3. Epilepsy, mental disorder, emotional instability, or headaches: _____

Treatment if any: _____

4. Rheumatism or rheumatic fever: _____

5. Heart disease: _____

6. Hay fever, asthma, eczema, or other allergic reaction including drug reactions: _____

_____ Treatment Required? _____

If so, please specify _____

7. Menstruation: Regular: _____ Irregular: _____ Pain: _____

8. Childhood diseases: _____

9. Other Diseases: _____

10. Operations: _____

11. Injuries: _____

C. Examination:

1. Eyes: _____ Ears: _____
Nose: _____ Throat: _____
Thyroid: _____ Sinuses: _____
Skin: _____
2. Heart: Size: _____ Sound: _____ Murmur: _____
Rhythm: _____ Rate & Rhythm: _____
Blood Pressure: _____
3. Abdomen: Scars: _____ Tenderness: _____
Palpable Masses: _____
4. Posture: _____ Conditions of feet/arches: _____
5. Handicaps? State nature: _____

Recommendations:

Do you consider the student mentally and physically able to undertake the Medical Laboratory Technology Program based on the technical standards listed and your examination of the student? (Yes) or (No) Please circle.

Is the student able to stand and walk for long periods?
(Yes) or (No) Please circle.

Is the student able to lift at least 35 pounds?
(Yes) or (No) Please circle.

Other remarks: _____

Physician Information

Name (Printed): _____
Address: _____ Phone: _____
Signature: _____ Date: _____