Rend Lake College
Division of Allied Health
HEALTH AND PHYSICAL FORM

TO BE COMPLETED BY STUDENT:	
Name:	
Street Address:	**DOB:**
City/State/Zip	**Phone #:**
Allied Health Program: Circle your program	
Nursing Phlebotomy Radiology Medical Coding Health Info Tech Medical Assistant Pharmacy Tech Biomedical Technology	

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROVIDER:	
PHYSICAL EXAMINATION: Indicate ability to perform standards described below	**LIMITATIONS**
Mobility: Physical abilities sufficient to move from room to room and maneuver small spaces; move freely to observe and assess patients and perform emergency care such as CPR. Ability to touch floor to remove environmental hazards if necessary.	
Motor Skills: Gross and file motor abilities sufficient to provide safe and effective care	
Hearing: Auditory abilities sufficient to monitor and assess patient needs and to provide a safe environment	
Visual: Visual ability sufficient for observation and assessment necessary in the operation of equipment and care of patients	
Tactile: Tactile ability sufficient for patient assessment and operation of equipment	
Cognitive: Abilities to include analyzing, interpreting and carrying out provider orders, read and comprehend course materials, patient care documents and facility policies and procedures	
PERSONAL HISTORY	
Describe any conditions (including allergies to substances normally found in a clinical setting) that could potentially impact the student's attendance and/or performance. If a student should present with any physical or cognitive limitation, each case will be reviewed on an individual basis. Reasonable accommodations will be made as determined by Disability Services.	
HEALTHCARE PROVIDER SIGNATURE AND/OR STAMP	
Following the performance of a physical exam and utilizing history and immunization information provided to me by the student, I verify the above information to be true.	
Signature and/or Stamp of Healthcare Provider (MD, DO, PA, ARNP)	**Date:**
Provider Printed Name:	**Phone:**
Student Name:	

IMMUNIZATION INFORMATION	DATE	RESULTS
TUBERCULOSIS		