CENTRAL CAROLINA TECHNICAL COLLEGE

Workforce Development Division
506 North Guignard Drive
Sumter, SC 29150
Physical Examination

This section is completed by a Physician, Nurse Practitioner or Physician's Assistant

Student Name: _____ Address: _____

CHECK IF NORMAL; COMMENT IF ABNORMAL

☐	Head, Face, Scalp, Throat	_____	☐	Heart	_____
☐	Eyes, Ears, Nose, Teeth	_____	☐	Abdomen	_____
☐	Neck, Chest	_____	☐	Spine	_____
☐	Neurological	_____	☐	Skin	_____
☐	Extremities	_____	☐	Genitaila	_____

MEASUREMENTS

Height		_____	BP	_____
Weight		_____	Pulse	_____
Vision	RT	_____	Corrected	_____
	LT	_____	Corrected	_____
Hearing	RT	_____		
	LT	_____		

LABORATORY / SHOTS

Hgb _____ TB Test* _____ Hepatitis _____

*Required for CNA students

List any drugs which the applicant takes on a regular basis and purpose: _____

_____

Does the applicant have any disease or any treatment that should be continued or periodically evaluated?

_____

Does the applicant have any allergies? If yes, list all allergies. _____

I have completed a physical examination on this student and:

I consider the applicant physically qualified for college classes and patient care. Yes_____No_____

I consider the applicant emotionally qualified for college classes and patient care. Yes_____No_____

Please furnish any information that may affect this student's ability to participate fully in patient care in a clinical setting, including chronic illnesses, infectious disease or pregnancy: _____

_____

Print Provider's Name: _____ Title: _____

Provider's Signature: _____ Date: _____

Address: _____ Phone: _____