



**BARTON COUNTY COMMUNITY COLLEGE  
ALLIED HEALTH PROGRAMS**

**Student:** Mark your program: MLT [ ] Nursing [ ] Medical Assistant [ ] Emergency Services [ ]

**Physical Examination**

(To be completed by a physician, physician assistant, or an ARNP)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male [ ] Female [ ]  
Last First Middle

Height \_\_\_\_\_ Weight \_\_\_\_\_ Distance Vision: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_ Color Vision \_\_\_\_\_

Near Vision: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

Vital Signs: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

NORMAL	ABNORMAL	SYSTEM	DESCRIBE ABNORMALITIES
		HEENT:	
		Heart:	
		Lungs:	
		Abdomen:	
		Musculoskeletal: Back:	
		Nervous System: (Reflexes, Coordination)	
		Skin:	

COMMENTS: (Indicate any handicaps, restrictions, or limitations)

Yes / No – Does this student meet the physical qualifications for their respective program?

Yes / No – Does this student meet the sensory qualifications for their respective program?

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of examining physician, physician assistant, or an ARNP)

All records submitted to the program in the admissions process are kept confidential. They become the property of Barton County Community College Allied Health Programs and will not be returned to the student. Barton County Community College is an Equal Opportunity Institution.