

**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. (2013)