TIDEWATER COMMUNITY COLLEGE

HEALTH PROFESSIONS

PHYSICAL EXAMINATION FORM

Diagnostic Medical Sonography
Emergency Medical Services
Health Information Management
Medical Laboratory Technology
Occupational Therapy Assistant
Phlebotomy Technician
Physical Therapist Assistant
Radiography
Respiratory Therapy

Return to: ___________________________________

Health Professions Division ● Virginia Beach Campus
1700 College Crescent ● Virginia Beach, VA 23453
Telephone: 757-822-7257 ● Website: www.tcc.edu/healthprofessions

Nondiscrimination Policy: Tidewater Community College does not discriminate on the basis of race, religion, age, color, creed, national or ethnic origin, sex, marital status, political affiliation or disability (Except where disability may be a factor in the occupational qualifications)
<table>
<thead>
<tr>
<th>HEALTH PROFESSIONS</th>
<th>Program Technical Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Professions Descriptions</strong></td>
<td>Please refer to the following descriptions of technical standards for each health profession. Please see Section IV.</td>
</tr>
<tr>
<td><strong>Diagnostic Medical Sonography</strong></td>
<td>Students in the Diagnostic Medical Sonography Program must attend approximately 1200 hours of clinical training in hospitals. They must be able to help lift and move patients; to pull, push, and control movements of machinery, such as portable ultrasound machines, patients on stretchers, film cassettes, and perform tasks requiring fine motor control. They must be able to hear Doppler Effect changes and see shades of gray and distinct colors.</td>
</tr>
<tr>
<td><strong>Emergency Medical Services</strong></td>
<td>As a Basic Emergency Medical Technician (EMT-B), the student will be required to attend a minimum of 10 hours of clinical training in which he/she will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretcher; perform CPR; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds. ALS students will have a minimum clinical hour requirement of at least 24 to 128 hours depending on ALS level as well as a field component.</td>
</tr>
<tr>
<td><strong>Health Information Management</strong></td>
<td>As a student in the Health Information Management Program, the student must attend 400 hours of coordinated practice in a hospital or health care facility. Students must be capable of carrying out office work, such as filing, typing, and writing.</td>
</tr>
<tr>
<td><strong>Medical Laboratory Technology</strong></td>
<td>Students in the Medical laboratory Technology Program must attend approximately 680 hours of clinical training in a hospital or health care facility. The student must possess the physical ability to stand for extended periods; lift at least 25 pounds; perform tasks using fine motor skills; use a variety of manual and automated equipment; and possess the ability to communicate sufficiently to serve the needs of patients, the public, and members of the health care team.</td>
</tr>
<tr>
<td><strong>Occupational Therapy Assistant</strong></td>
<td>As a student in the Occupational Therapy Assistant Program, the student must attend 720 or more hours of clinical training in a hospital or health care setting. The student must possess the physical ability to repetitively aid in the lifting and moving of patients; the fine motor skills to fabricate adaptive equipment/ the emotional skills to interact effectively with patients and the health care team; the cognitive skills to instruct patients in learning new tasks; and to spontaneously respond to his/her patients in a therapeutic manner.</td>
</tr>
<tr>
<td><strong>Phlebotomy Technician</strong></td>
<td>Students in the Phlebotomy Technician Program must complete a minimum of 100 hours of clinical training in a hospital or health care facility. The student must be able to lift at least 25 pounds, move freely in the laboratory and patient care areas, demonstrate fine motor skills in the collection of blood samples, and possess the ability to communicate sufficiently to serve the needs of patients, the public, and members of the health care team.</td>
</tr>
<tr>
<td><strong>Physical Therapist Assistant</strong></td>
<td>As a student in the Physical Therapist Assistant Program, the student must attend 600 or more hours of clinical training in a hospital or physical therapy setting. The student must possess the physical ability to repetitively aid in the lifting and moving of patients; the fine motor skills to manipulate dials and knobs; the emotional skills to interact effectively with patients and the health care team; and the cognitive skills to instruct patients in learning new tasks and spontaneously respond to his/her patients in a therapeutic manner.</td>
</tr>
<tr>
<td><strong>Radiography</strong></td>
<td>Students in the Radiography Program must attend approximately 1400 hours of clinical training in hospitals. They must be able to help lift and move patients; to pull, push, and control movements of machinery, such as portable x-ray machines, video monitors, overhead x-ray tubes, and imaging cassettes; to perform tasks requiring fine motor control; the emotional skills to interact effectively with patients and the health care team; and the cognitive skills to instruct patients during procedures.</td>
</tr>
<tr>
<td><strong>Respiratory Therapy</strong></td>
<td>As a student in the Respiratory Therapy Program, this individual must attend 600 or more hours of clinical training in a hospital or health care facility. The student must possess the physical ability to aide in the lifting and moving of patients; to pull/push and control the movement of machinery, i.e., ventilators and oxygen cylinders; to view digital displays and monitor oscilloscope readouts; to hear audible alarms; to auscultate blood pressure and heart and lung sounds; to perform tasks requiring fine motor control, and to interact effectively with patients and the health care team.</td>
</tr>
</tbody>
</table>
HEALTH PROFESSIONS Physical Examination Form

Part I APPLICANT: Complete this section only before visiting the doctor. Please PRINT.

PROGRAM check one:

☐ Diagnostic Medical Sonography ☐ Occupational Therapy Assistant
☐ Emergency Medical Services ☐ Phlebotomy Technician
☐ Critical Care ☐ Basic ☐ ALS ☐ Physical Therapist Assistant
☐ Health Information Management ☐ Radiography
☐ Medical Laboratory Technology ☐ Respiratory Therapy

Name__________________________________________________________________________________________
First    MI    Last
Address_________________________________________________________________________________________
Street        State  Zip Code
SSN________________________________________ SIS ID ______________________________________________
Telephone_______________________________________________________________Birth Date _____/_____/ _____
(Primary)    (Secondary)    Month       Day       Year
VCCS Student E-mail __________________________________ Personal E-Mail _______________________________

Please check if you now have, or previously had, any of the following:

Yes  No
Lung disease
Persistent cough
Heart trouble
Shortness of breath
Pneumonia
Abnormal chest x-ray
Recent cold, flu, bronchitis
Have you ever smoked?
Do you currently smoke?
Fainting or seizures
High blood pressure

Yes  No
Diabetes
Fear of closed spaces
Smothering sensation
Defective vision
Ruptured ear drum
Glasses or contacts
Heat exhaustion or stroke
Hearing loss
Hearing aid
Taking medications
Other conditions that might affect program performance

Please explain any yes answers: ______________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

NOTE: The student is required to maintain health insurance and/or be responsible for medical expenses incurred during a clinical rotation or field internship.

I request that this report be sent to the Health Professions Program Director at Regional Health Professions Center, Tidewater Community College, 1700 College Crescent, Virginia Beach, Virginia 23453.

I hereby attest that medical information supplied includes all medical conditions that would affect my participation in a health professions program. I authorize release of current medical information on my medical history or current condition to clinical affiliates.

If false information is given or if significant medical information is withheld, I understand I will be dismissed from the program.

Student Signature: ___________________________________________________________ Date: ________________
Part II

INSTRUCTIONS: Physician or official designee must complete this form and affix his/her official stamp at the bottom of the last page. Copies of lab reports, titers, etc., MUST be attached. All sections of this form must be completed.

PHYSICIAN:

Please complete and forward this record to the applicable TCC Health Professions Program Director (address on front).

1. Height: _____
2. Weight: _____
3. T: _____ P: _____ R: _____ BP: _____/_____
4. Vision: OD _____ OS _____ OU _____ Corrected? ___ Yes ___ No
5. General appearance:
6. Ears:
7. Nose:
8. Throat:
9. Neck:
10. Breasts:
11. Chest:
12. Cardiovascular system:
13. Abdomen:
14. GI system:
15. GU system:
16. CNS/Reflexes:
17. Back:
18. Extremities:
19. Is there evidence of misuse of illicit drugs or alcohol: ___ Yes ___ No
20. Describe any conditions currently being treated:
21. Allergies:

Student Name ________________________________________
## Immunization Record

**Part III**

**PHYSICIAN:** The following immunizations or titers are required. A shot record must document all immunizations/titers unless immunization is given the day of the physical exam. Express results in numerical values. **Please provide a copy of all immunology results & titer results.**

### TB skin test

**PPD**

Applicant must undergo a two-step PPD* prior to beginning the clinical experience.

*The second PPD should be completed 7-14 days after the first test is completed.

If PPD is positive, then a chest X-Ray must be obtained.

**Chest X-Ray** - *copy of the x-ray report must be attached.*

<table>
<thead>
<tr>
<th>First PPD</th>
<th>Second PPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of injection: <strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Date Read: <strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Date x-ray read: <strong><strong>/</strong></strong>/____</td>
<td></td>
</tr>
<tr>
<td>Results:</td>
<td></td>
</tr>
</tbody>
</table>

### Mumps

**Rubeola**

**Rubella**

**MMR**

The applicant must have proof of two (2) MMR vaccinations or documented proof of immunity shown by mumps, rubeola, and rubella titers.

If the applicant is not immune to MMR, they are required to obtain two (2) MMR vaccinations.

**Please note:** To reduce expense an MMR vaccination may be given in place of titer levels.

<table>
<thead>
<tr>
<th>First MMR</th>
<th>Second MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of injection: <strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Titer</td>
<td>Date</td>
</tr>
<tr>
<td>Mumps</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Rubeola</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Rubella</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
</tbody>
</table>

### Varicella

**Chicken Pox**

The applicant must have proof of varicella vaccination by varicella titer.

If the applicant is not immune to Varicella, they are required to obtain two (2) Varicella vaccinations.

<table>
<thead>
<tr>
<th>First Varicella</th>
<th>Second Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of injection: <strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Date Read: <strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Titer</td>
<td>Date</td>
</tr>
<tr>
<td>Varicella</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
</tbody>
</table>

### Hepatitis B

Several clinical sites may require the completed Hepatitis B immunization series prior to beginning clinicals, or show documented immunity verified by hepatitis titer levels.

<table>
<thead>
<tr>
<th>Hepatitis</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>injection 1 <strong><strong>/</strong></strong>/____ 1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injection 2 <strong><strong>/</strong></strong>/____ 1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injection 3 <strong><strong>/</strong></strong>/____ 6 month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tdap

The health professions programs require that students have a current tetanus toxoid vaccination within the past 10 years.

| Date of injection: ____/____/____ |

---

Student Name ____________________________________________
HEALTH PROFESSIONS  Technical Standards

Part IV  

To ensure patient safety and welfare, the Diagnostic Medical Sonography, Emergency Medical Services, Health Information Management, Medical Laboratory Technician, Occupational Therapy Assistant, Phlebotomy Technician, Physical Therapist Assistant, Radiography, and Respiratory Therapy Programs of Tidewater Community College have established technical standards which must be met by the students.

PHYSICIAN:  

Please consider the following technical standards when answering question number four in Part V of the Physical Form:

Yes  No

---   ---

**Sufficient eyesight** to observe patients, read patient records, to manipulate equipment and accessories, visually monitor patients in dimmed light via video monitors, evaluate radiographs for quality, and see distinct colors on sonograms.

---   ---

**Sufficient hearing** to communicate with patients and other members of the health care team, monitor patients via audio monitors, and hear background sounds during equipment operations.

---   ---

**Satisfactory speaking, reading, and writing skills** to effectively and promptly communicate in English.

---   ---

**Sufficient gross and fine motor coordination** to manipulate equipment and accessories, lift a minimum of 25 pounds and to stoop, bend or promptly assist patients who become unstable.

---   ---

**Satisfactory physical strength and endurance** to move immobile patients to or from a stretcher or wheelchair to the x-ray table, work with arms extended overhead, stand in place for long periods of time, and carry 20-25 pounds while walking. EMS applicants must be able to lift, carry, and balance 125 pounds.

---   ---

**Satisfactory intellectual and emotional functions** to ensure patient safety and exercise independent judgment and discretion in the performance of assigned responsibilities.

Remarks:

Student Name ____________________________________________
HEALTH PROFESSIONS  
Physical Examination Form

Part V  
PHYSICIAN: fill in pertinent information regarding applicant including comments where required.

1. Is there anything in the applicant’s past medical history that would preclude his/her successful completion of a health professions program?  
   **YES**  **NO**
   __________  __________
   
   **Comments:**

2. After reviewing the questions in Part IV on the previous page, does this person have any physical or mental condition or disability, which would prevent him/her from attending this program?  
   **YES**  **NO**
   __________  __________
   
   **If yes, please explain:**

3. Applies **ONLY to** Diagnostic Medical Sonography, Emergency Medical Services, Health Information Management, Medical Laboratory Technology, Occupational Therapy Assistant, Phlebotomy Technician, Physical Therapist Assistant, Radiography, and Respiratory Therapy Applicants: Does this person meet the technical standards indicated in Section IV for the program to which he/she is applying?  
   **YES**  **NO**
   __________  __________
   
   **If no, please explain:**

4. Applies **ONLY to** Emergency Medical Services Applicants: After examination, does this applicant have any evidence of illness or injury which would prohibit participation in clinical or internship components including use of an OSHA approved HEPA respirator?  
   **YES**  **NO**
   __________  __________
   
   **If yes, please explain:**

I have this date given ____________________________ a careful physical examination and found him/her to be in ____________________________ health.  
Date: ____/ ____/ ______

Signature: ______________________________________ M.D., or official designee.

________________________________________________ M.D., or official designee.

Print

Official Stamp

Address

City    State    Zip

Telephone

Student Name ____________________________  rev 09/14st