Medical Laboratory Technology  
Associate of Applied Science Degree  
&  
Phlebotomy  
Career Studies Certificate  

(703) 822-6648  

www.nvcc.edu/medical
Preadmission Health History and Physical for Allied Health and Nursing Programs

INSTRUCTIONS TO STUDENT: This form must be filled out by applicant and a licensed primary care provider: physician, physician’s assistant, nurse practitioner. Physical examinations must be completed prior to entering the clinical portion of the program. Upon completion, keep the original for your file, and provide a copy to your program director to add to your confidential student file.

PART I
Applicant: Complete this section before visiting primary care provider. Please print.

Name: ____________________________
First        Middle        Last

Address: __________________________________________________________
Street      City/State       Zip Code

NVCC Empl ID: _______________________________________________________

Telephone: _________________________________________________________
Home          Work          Cell

Birthdate: ________________
Month        Day          Year

E-mail Address: ____________________________@email.vccs.edu

College          Other

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

To the best of my knowledge, I do not have a physical or mental condition that would prevent me from performing the essential requirements of the applicable Allied Health or Nursing Program. I hereby authorize release of my medical information to clinical affiliates after my admission and prior to being assigned to a clinical rotation. I understand that I may be dismissed from the Program if I knowingly submit false information.

Student Signature: ____________________________ Date ______________________
PART II

Instructions: This form must be completed by your primary care provider and an official stamp affixed at the bottom of the last page. Copies of lab reports, titers, etc., MUST be attached. All sections of this form must be completed.

1. Height: _____

2. Weight: _____


4. Vision: OD _____ OS _____ 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. Describe any conditions currently being treated: _____________________

20. Allergies: ____________________________________________________
PART III  Essential Functions:
To ensure patient safety and welfare, The Nursing and Allied Health Programs have established Essential Functions which must be met by the student to practice in the profession.

ATTACHED: Essential Functions for Medical Laboratory Technology & Phlebotomy

PART IV  Primary Care provider:
Fill in pertinent information regarding applicant including comments where required.

NO    YES

Does this person currently have a physical or mental condition that would preclude him/her from performing the essential functions for the Allied Health and Nursing Program to which he/she is applying?

If yes, please explain. Comments: ________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I have this date given_______________________________ a careful physical examination

Signature: __________________________________________ Date: _____ / _____/ _____

Please Print Name: ________________________________________________________________

Address: ______________________________________________ City    State    Zip

Telephone: __________________________________________________________________________

OFFICIAL STAMP:
**PART V  Immunization Record:**

The following immunizations are required. It is the applicant’s responsibility to see that the completed form is submitted to the college prior to clinical assignment. All immunizations must be documented by a shot record unless immunization is given the day of the physical exam. Express results in numerical values. Attach copies of titer results.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date of Injection</th>
<th>Date Read</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB skin test</strong></td>
<td>TST (PPD). Applicant must have a TB skin test</td>
<td>Date of injection: _____ / _____ / _____</td>
<td>Date read: _____ / _____ / _____</td>
</tr>
<tr>
<td></td>
<td>Prior to admission to clinical rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Applicant must undergo annual PPD testing to continue in nursing and allied health programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RE: MMR</strong></td>
<td>Persons born after 1957 must have documentation of <strong>two</strong> MMRs. If documentation is unavailable, serum titer levels must be drawn. If titer results do not indicate immunity, an MMR injection is required</td>
<td>Date of injection: _____ / _____ / _____ (1)</td>
<td>Date of Injection: _____ / _____ / _____ (2)</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>Varicella <em>Chicken Pox</em></td>
<td>Dates of injection</td>
<td>Shot 1 _____ / _____ / _____</td>
</tr>
<tr>
<td></td>
<td>The applicant must have proof of MMR vaccination or documented proof of immunity shown by mumps, rubeola, and rubella titers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Clinical sites require the Hepatitis B immunization series be completed prior to clinical practice. Undocumented evidence of immunization may affect clinical placement. Please see your program advisor for further information if necessary. If the immunization has been received, indicate proof of Vaccination.</td>
<td>Dates of injection:</td>
<td>Shot 1 _____ / _____ / _____</td>
</tr>
<tr>
<td><strong>Diptheria/ Tetanus Toxoid</strong></td>
<td>The health professions programs requires that students have a current tetanus toxoid vaccination:</td>
<td>Date of injection:</td>
<td></td>
</tr>
<tr>
<td><strong>Mandatory Annual Flu Shot</strong></td>
<td></td>
<td>Date of injection:</td>
<td></td>
</tr>
</tbody>
</table>
Essential Function I: Observation
- Distinguish red, yellow, and blue colors, distinguish clear from cloudy, distinguish and discriminate objects in the range of 1 micron through the microscope.
- Observe demonstrations and exercises in which biological fluids are tested.
- Perceive pertinent detail in objects or in pictorial or graphic material; to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures, and widths and lengths of line; to comprehend forms in space and understand relationships of plane and solid objects; the ability to visualize objects of two or three dimensions.

Essential Function II: Communication
- Communicate effectively and sensitively with patients, their families, and members of the health team.
- Communicate effectively with patients from different social and cultural backgrounds, as well as develop effective professional rapport with patients and co-workers.
- Record diagnostic results clearly, accurately and efficiently.
- Communicate effectively in English with patients, family and other health care professionals in a variety of patient settings.
- Comprehend English when spoken in person or via the telephone.

Essential Function III: Motor
- Maneuver in the laboratory, around instruments, in confined spaces, and in patient rooms. Movement includes utilizing shoulders, arms, and neck; bending; twisting the body; standing; reaching and grasping overhead, in front of the body, and down.
- Manipulate small objects and control adaptive devices with gloved hands.
- Manipulate instruments, perform manual procedures, and have sufficient eye/hand and eye/hand/foot coordination to perform required duties in a laboratory.

Essential Function IV: Intellectual-Conceptual, Integrative and Quantitative Abilities
- Demonstrate through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology.
- Assimilate a large amount of complex, technical and detailed information.
- Discern abstract and concrete variables, define problems, collect data, establish facts, and draw valid conclusions.
- Interpret instructions furnished in oral, written, diagrammatic, or schedule form.
- Perceive pertinent detail in verbal or tabular material; observe differences in copy, proof-read words and numbers, and avoid perceptual errors in arithmetic computation.
- Synthesize, coordinate, analyze, compile, compute, copy, and compare data.

Other Essential Function:
- Sufficient olfactory (smell) sense to maintain patients’ and environment safety.
- Ability to work indoors, be around moving machinery; fumes, gases, odors, irritating particles, possibly be exposed to toxic or caustic chemicals, blood and body fluids, noise, radiation or electrical energy, vibration; work in confined spaces, use a computer monitor; work alone, with others, and/or around others.
- Ability to wear safety glasses, face mask/shield, protective clothing, and protective gloves in the laboratory.
**Essential Function I: Observation**

- Distinguish red, yellow, and blue colors, distinguish clear from cloudy, distinguish and discriminate objects in the range of 1 micron through the microscope.

**Essential Function II: Communication**

- Communicate effectively and sensitively with patients, their families, and members of the health team.
- Communicate effectively with patients from different social and cultural backgrounds, as well as develop effective professional rapport with patients and co-workers.
- Record diagnostic results clearly, accurately and efficiently.
- Communicate effectively in English with patients, family and other health care professionals in a variety of patient settings.
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**Essential Function III: Motor**

- Maneuver in the laboratory, around instruments, in confined spaces, and in patient rooms. Movement includes utilizing shoulders, arms, and neck; bending; twisting the body; standing; reaching and grasping overhead, in front of the body, and down.
- Manipulate small objects and control adaptive devices with gloved hands.

**Essential Function IV: Intellectual-Conceptual, Integrative and Quantitative Abilities**

- Demonstrate through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology.
- Interpret instructions furnished in oral, written, diagrammatic, or schedule form.
- Perceive pertinent detail in verbal or tabular material; observe differences in copy, proof-read words.
- Assess patients for blood collection

**Other Essential Function:**

- Sufficient olfactory (smell) sense to maintain patients’ and environment safety.
- Ability to work indoors, be around moving machinery; fumes, gases, odors, irritating particles, possibly be exposed to toxic or caustic chemicals, blood and body fluids, noise, radiation or electrical energy, vibration; work in confined spaces, use a computer monitor; work alone, with others, and/or around others.
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07/23/13