



**PART II**

**Instructions:** This physical examination must be completed by a primary care provider and an OFFICIAL STAMP affixed on the following page. It includes the measurable Essential Functions/Technical Standards required to successfully practice in the health professions

1. Communication  
**Essential Function/Technical Standard:** Communicate in English, both verbally and in writing
2. Height: \_\_\_\_\_
3. Weight: \_\_\_\_\_
4. T:\_\_\_\_\_P:\_\_\_\_\_R:\_\_\_\_\_BP:\_\_\_\_\_ / \_\_\_\_\_
5. Vision: OD\_\_\_\_\_OS\_\_\_\_\_OU\_\_\_\_\_Corrected?\_\_\_\_\_Yes\_\_\_\_\_No\_\_\_\_\_  
**Essential Function/Technical Standard:** Visual ability sufficient to observe patient/client responses
6. General Appearance: \_\_\_\_\_  
\_\_\_\_\_
7. Ears: \_\_\_\_\_  
**Essential Function/Technical Standard:** Hearing ability sufficient to monitor and assess health needs
8. Nose: \_\_\_\_\_  
**Essential Function/Technical Standard:** Smell sufficient to maintain patients' and environment safety
9. Throat: \_\_\_\_\_
10. Neck: \_\_\_\_\_
11. Breasts: \_\_\_\_\_
12. Chest: \_\_\_\_\_
13. Cardiovascular system: \_\_\_\_\_
14. Abdomen: \_\_\_\_\_
15. GI system: \_\_\_\_\_
16. GU system: \_\_\_\_\_
17. CNS/Reflexes: \_\_\_\_\_  
**Essential Function/Technical Standard:** Gross and fine motor skill abilities
18. Back: \_\_\_\_\_  
**Essential Function/Technical Standard:** Mobility to stand; sit; squat; turn; bend; lift
19. Extremities: \_\_\_\_\_  
**Essential Function/Technical Standard:** Tactile (touch) ability sufficient for assessment related to therapeutic intervention
20. Describe any conditions currently being treated: \_\_\_\_\_
21. Allergies:

Drugs	Medical Supplies i.e. Latex	Other i.e. Food/Seasonal



## PART III Immunization Record Requirements

Immunizations must be documented/completed by a primary care provider. This form and all lab results must be scanned to the immunization tracker at the following address: <https://www.castlebranch.com>. Students will receive instructions on how to submit results to the immunization tracker after official acceptance to the program.

1	<b>Measles, Mumps, Rubella (MMR)</b>	One of the following is required: Two vaccinations <b>OR</b> positive antibody titer for all three components (lab report required). If series is in progress submit 1 <sup>st</sup> vaccine and a new alert from CastleBranch will be created for you to complete the series. If any titer is negative or equivocal, a new alert will be created for you to receive one booster shot.	<b>MMR-2 Vaccinations or one titer/booster:</b> <input type="checkbox"/> Date of MMR 1 _____ <input type="checkbox"/> Date of MMR 2 _____ <p style="text-align: center;"><b>or</b></p> <input type="checkbox"/> Date of TITER _____ If titer is negative or equivocal, student must receive a booster shot. Date of Booster _____
2	<b>Varicella Chicken Pox</b>	One of the following is required: Two vaccinations <b>OR</b> positive antibody titer (lab report required) If series is in progress submit 1 <sup>st</sup> vaccine and a new alert from CastleBranch will be created for you to complete the series. If any titer is negative or equivocal, a new alert will be created for you to receive one booster shot.	<b>VARICELLA-2 Vaccinations or one titer</b> <input type="checkbox"/> Date of Varicella 1 _____ <input type="checkbox"/> Date of Varicella 2 _____ <p style="text-align: center;"><b>or</b></p> <input type="checkbox"/> Date of TITER _____ If titer is <b>negative</b> or <b>equivocal</b> , student <b>must</b> receive a booster shot. Date of Booster _____
3	<b>Hepatitis B</b>	One of the following is required: three vaccinations <b>OR</b> a positive antibody titer (lab report required) <b>OR</b> declination waiver. If series is in progress, submit to CastleBranch where you are in the series and new alerts will be created for you to complete the series. If the titer is negative or equivocal, a new alert will be created for you to receive one booster shot.	<b>HEPATITIS B- Series in progress or titer or declination</b> <input type="checkbox"/> Date of Hepatitis B-1 _____ <input type="checkbox"/> Date of Hepatitis B- 2 _____ <input type="checkbox"/> Date of Hepatitis B- 3 _____ <p style="text-align: center;"><b>or</b></p> <input type="checkbox"/> Date of TITER _____ <p style="text-align: center;"><b>or</b></p> <input type="checkbox"/> Date of Declination form _____ If titer is <b>negative</b> or <b>equivocal</b> , student must receive a booster shot. Date of Booster _____
4	<b>Tuberculosis Testing</b>	One of the following is required: Two- step TST skin test (1 to 3 weeks apart) <b>OR</b> T-spot blood test <b>OR</b> QuantiFERON Gold blood test <b>OR</b> if positive results, provide clear Chest X-Ray results. Applicant must undergo annual TST testing to continue in health sciences programs.	<b>TB requirement</b> <input type="checkbox"/> Date and final result of Two-step TB test _____ <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Date and <b>negative</b> result of QuantiFERON Gold <b>OR</b> T-spot blood test _____ Date and <b>negative</b> result of chest x-ray _____
5	<b>Tetanus, Diphtheria, &amp; Pertussis (Tdap)</b>	Submit documentation of a Tdap booster within the past ten years <b>OR</b> Td booster within the past two years. The renewal date will be set for ten years if Tdap is submitted or two years if Td is submitted.	<input type="checkbox"/> Date of Tdap booster within the past ten years _____ <p style="text-align: center;"><b>or</b></p> Date of Td booster within the past two years _____
6	<b>Influenza</b>	The following will be required during the current flu season: Documentation of annual flu shot. The renewal date will be set for one year from administered date of vaccine.	See Program Director for date requirements for specific programs.