

Southeastern Career Center Health Science II  
Student Physical

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ Temp \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications

\_\_\_\_\_  
\_\_\_\_\_

Medical Problems \_\_\_\_\_

Past Surgeries \_\_\_\_\_

√ = Normal

Head \_\_\_\_\_

EENT \_\_\_\_\_

Chest \_\_\_\_\_ Heart \_\_\_\_\_

Extremities \_\_\_\_\_ Abdomen \_\_\_\_\_

G.I. Tract \_\_\_\_\_ G.U. Tract \_\_\_\_\_

I certify that this student can participate without restrictions in the clinical portion of the program.

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

\*The Southeastern Career Center will ensure that the student has a two-step Mantoux prior to clinical placement. This will be at the expense of the student.