

**The George Washington University**  
**Physical Examination/Documentation of Health Requirements**  
**Health Sciences Students in Clinical Practice**

<b>Student Name:</b>	<b>Program of Study (please circle)</b>	
	<b>Clinical Lab Sciences</b>	<b>Physician Assistant</b>
	<b>Nurse Practitioner</b>	<b>Physical Therapy</b>
	<b>Sonography</b>	<b>Emergency Services</b>
<b>GWid Number:</b>	<b>Semester and Year of Entry: (Vs. New or Returning)</b>	

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Pulse:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_/\_\_\_\_ **Temp:** \_\_\_\_\_

**Vision: Uncorrected:** R\_\_\_\_/\_\_\_\_ L\_\_\_\_/\_\_\_\_ Both\_\_\_\_/\_\_\_\_

**Corrected:** R\_\_\_\_/\_\_\_\_ L\_\_\_\_/\_\_\_\_ Both\_\_\_\_/\_\_\_\_

**Immunizations:** Please provide *laboratory proof of immunity* for the following: (required at admission)

<b>Varicella</b>	Titer date/result:	<b>MMR</b>	Titer date/result:
<b>Hep B *</b>	Titer date/result:	<b>Td or Tdap</b>	Immunization or booster date:

(\*If declined, must have signed declination statement)

**Tuberculin Skin Test (Mantoux):** (Required annually)

Date Placed: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result (in mm): \_\_\_\_\_

(If positive ONLY) Result of Chest X-Ray: \_\_\_\_\_ Date of Chest X-ray \_\_\_\_\_

**Physical Exam (Required Annually for Health Sciences students engaging in clinical practice)**

Normal	Region	Abnormal Findings
	Eyes	
	Ears, Nose, Throat	
	Mouth, Teeth	
	Neck	
	Cardiovascular	
	Chest, Lungs	
	Abdomen	
	Skin	
	Genitalia	
	Musculoskeletal	
	Neuromuscular	

Student Name/GWID:

Program:

Remarkable Medical / Surgical History \_\_\_\_\_

Remarkable Family / Social History \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

I certify this student:

- Has received a physical examination;
- Is current on all required immunizations as required or recommended by JCAHO, CDC, OSHA and DCRA for students and health care workers;
- Was offered the Hepatitis B virus vaccination (or student has signed declination statement);
- Is free of communicable diseases;
- Is found to be in good health and able to participate in classroom and clinical education components necessary to his/her program of study at the George Washington University.

Health Care Provider:	Print/Title:	Signature
Date:	Address:	Phone:

**DO NOT SUBSTITUTE THIS FORM**

*Please submit this completed form and serology reports of required immunity to:*

The George Washington University

Student Health Service

ATTN: Health Sciences Student Compliance Program

2141 K Street, NW, Suite 501

Washington, DC 20052

Phone: 202-994-6827 Fax: 202-973-1572

GWU Student Health Services department will house all physical and immunization information. Upon receipt of this completed form, GWU Student Health Services will initiate a tracking sheet to be stored in student's file with program director or clinical coordinator of program of study.