

STUDENT HEALTH SERVICES

Cape Cod Community College
West Barnstable, MA 02668

Information on this form is strictly for the use of the Health Services and will not be released to anyone without your written consent

REPORT OF PHYSICAL EXAMINATION

Blood Pressure
Height
Weight

Overweight lbs
Underweight lbs

Vision (corrected) yes no
Right 20/ Left 20/

Urinalysis:
Glucose:
Protein:

Hgb or Hct gm%

Are there any abnormalities of the following systems?
Describe fully:

Table with 3 columns: System Name, Yes, No. Rows include Eye, Ears, Nose, Throat; Respiratory; Cardiovascular; Gastrointestinal; Genitourinary; Musculoskeletal; Metabolic/Endocrine; Neuropsychiatric; Integumentary; Gynecological.

Blank lines for describing abnormalities.

Immunization & Tests
All are required regardless of age
Massachusetts State Law Chapter 76-15C and OSHA Standards

Table with 3 columns: Vaccine Name, Month, Year. Includes Required Vaccines: Measles after 1968 and Measles/mumps/rubella; Tetanus/diphtheria (Td) (within 10 years).

Table with 3 columns: Vaccine Name, Month, Year. Includes Recommended, Not Required: Hepatitis A; Hepatitis B - dose 1, 2, 3.

Mantoux Test Results

Table with 3 columns: Question, Yes*, No. Includes Current medication?; PRN or Prophylactic Medications; Physical or Emotional Problems which would limit activities?; Is there loss of or seriously Impaired of any organ?

Comments on all "yes" responses and give recommendations:

Physician Signature

Printed Name Date

Address

Telephone Number