

Medical Assistant Health Examination Record

Name		Date of Birth	
Address		Telephone	

I have read this form and declare that I have no injury, illness, or ailment, other than as specifically herein noted, that would not allow me to be employed as a health care professional. Any falsification or misrepresentation will be sufficient grounds for my release from the Hunter Business School Medical Assistant program.

Student Signature

Basic Information

Height ____ ft. ____ in. | **Weight** ____ lbs. | **Blood pressure** ____/____ | **Urinalysis results** _____

Diseases, Disorders, and Injuries

Asthma	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	Mental disease	<input type="checkbox"/>
Back injury	<input type="checkbox"/>	Head injuries	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Cardiac issues	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	Scars	<input type="checkbox"/>
Chronic back pain	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Sinus problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>
Digestive disorders	<input type="checkbox"/>	Major surgeries	<input type="checkbox"/>	Syncope (fainting)	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Menstrual issues	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>

Allergies

Food ☐ Environment ☐ Medications ☐ Latex ☐

Conditions

Abdomen (belly)	<input type="checkbox"/>	Heart	<input type="checkbox"/>	Nose and throat	<input type="checkbox"/>
Arms and legs	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Scars	<input type="checkbox"/>
Ears	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	Skin	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	Menstrual history	<input type="checkbox"/>	Teeth	<input type="checkbox"/>

Pre-Existing Conditions

Are there any pre-existing or other medical conditions not mentioned above that may interfere with performance?

Proof of Immunity

Proof of immunity is required for enrollment in the program. If not immune, boosters are required.

Titer results must be attached for proof of immunity.

Hepatitis B	Dose 1 <input type="checkbox"/>	Dose 2 <input type="checkbox"/>	Dose 3 <input type="checkbox"/>
Rubeola (measles)	Immune <input type="checkbox"/>	Nonimmune <input type="checkbox"/>	
Rubella (German measles)	Immune <input type="checkbox"/>	Nonimmune <input type="checkbox"/>	
Mumps	Immune <input type="checkbox"/>	Nonimmune <input type="checkbox"/>	
Varicella (chickenpox)	Immune <input type="checkbox"/>	Nonimmune <input type="checkbox"/>	

Vaccinations

The following vaccinations are required to enroll in the Medical Assistant program.

Tetanus/diphtheria Date _____ (must be within the past 10 years)

Mantoux or QuantiFERON®-TB (screening for tuberculosis)

Lot no. _____ Date _____ Date read _____ Result _____

If the tuberculosis test result is positive, you will need to get a chest X-ray.

Date _____ Result _____

COVID-19 (optional for externship, but recommended)

J&J/Janssen ☐ Moderna ☐ Pfizer-BioNTech ☐ AstraZeneca ☐ Other _____

Date of first dose _____ Date of second dose (if applicable) _____

Electrocardiogram (EKG) If you are 40 years of age or older, you must have an EKG done. If required, what are the results?

Physician Verification

This section must be complete.

Examining physician _____

Physician's address _____

Physician's license number _____

Date of examination _____

Student Emergency Contact

This section must be complete.

Name of contact _____

Contact's address _____

Contact's phone number _____

Relationship to student _____

Hunter Business School

3601 Hempstead Turnpike
Levittown, New York 11756
516.796.1000

3247 Route 112, Bldg. 3
Medford, NY 11763
631.736.7360