Name:		Phone Number:	
Date of Birth:		Date of Exam:	

HUNTER BUSINESS SCHOOL
BUSINESS • HEALTHCARE • TECHNOLOGY
Medical Assistant Program

Medical Assistant Physical Examination Form

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. *I understand that my physical is due within the first 30 days of starting the Medical Assistant Program.*

_____
Student Signature

Basic Information

| Height _____ ft. ____ in. | Weight _____ lbs. | Blood Pressure _____ / _____ |

| Urinalysis Results ***Attached*** ☐ |

Diseases, Disorders, and Injuries

Asthma	☐	Fractures	☐	Rheumatism	☐
Back Injury	☐	Head Injuries	☐	Scars	☐
Cardiac Issues	☐	Hernias	☐	Sinus Problems	☐
Chronic Back Pain	☐	Jaundice	☐	Skin Disease	☐
Diabetes	☐	Major Surgeries	☐	Syncope (fainting)	☐
Digestive Disorders	☐	Menstrual Issues	☐	Tuberculosis	☐
Epilepsy	☐	Mental Disease	☐		

Allergies

Food ☐	Environment ☐	Medications ☐	Latex ☐

Conditions

Abdomen	☐	Eyes	☐	Nose and Throat	☐
Arms and Legs	☐	Heart	☐	Skin	☐
Ears	☐	Lungs	☐	Teeth	☐

Pre-Existing Conditions

Are there any pre-existing conditions that may interfere with performance?

_____

Electrocardiogram (ECG/EKG)

If the student is **40 years of age or older**, the student must have an EKG done. *Attached* ☐
If required, what are the results of the EKG?

_____

Name:		**Phone Number:**	
Date of Birth:		**Date of Exam:**	

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Proof of Immunity

Proof of immunity is required for enrollment in the program. ***Titer results must be attached for proof of immunity.***

***Titers must be drawn. Childhood immunity does not prove current adult immunity for clinical placement.**

Titer Result Date: _____ ***Titers attached*** ☐

Hepatitis B Titer	Immune ☐	Non-Immune ☐	Date of Hep-B booster given due to non-immune titer results _____
Rubeola (Measles) Titer	Immune ☐	Non-Immune ☐	
Rubella Titer	Immune ☐	Non-Immune ☐	Date of MMR booster given due to non-immune titer results _____
Mumps Titer	Immune ☐	Non-Immune ☐	
Varicella (Chicken Pox) Titer	Immune ☐	Non-Immune ☐	Date of Varicella booster given due to non-immune titer results _____

QuantiFERON (Tuberculous) Titer Negative ☐ Positive ☐

If QuantiFERON test results are positive, the student needs a chest X-Ray. X-Ray results attached ☐

Vaccinations

Tetanus Immunization

Date of immunization within the past 10 years _____

Tetanus Vaccination given during today's visit _____ Physician Initials _____

Physician Verification

This section must be completed.

Examining Physician: _____

Date of Examination: _____

Physician's License Number: _____

Physician Office Stamp

Student Emergency Contact

Student must complete this section.

Name of contact: _____

Relationship to student: _____

Contact's phone number: _____

Contact's address: _____

_____

_____

Levittown Campus		Medford Campus
3601 Hempstead Turnpike Levittown, NY 11756 P: 516-796-1000 F: 516-390-1275	HUNTER BUSINESS SCHOOL BUSINESS • HEALTHCARE • TECHNOLOGY Medical Assistant Program	3247 Route 112 Medford, NY 11763 P: 631-736-7360 F: 516-620-3664