



## HEALTH CAREERS MEDICAL HEALTH EXAMINATIONS RECORD

# CONFIDENTIAL

# STUDENT HEALTH PROFILE

### PART I: TO BE COMPLETED BY STUDENT

Name (Last, First, MI)		DOB	Gender ID <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Address (include city, state and zip)		Telephone (area code & number)	
		Student ID#	
Emergency Contact	Telephone Number	Relationship	
Personal Physician (include address)		Telephone	
Program Applying To:			

### PART II: STUDENT PERSONAL HEALTH HISTORY (STUDENT – Please PRINT and fill out completely in INK)

<p><b>PERSONAL HEALTH HISTORY:</b> Check below all of the following which have applied either NOW OR IN THE PAST. Please check each item. If yes, please explain below (if additional space is needed, please attach separate sheet of paper).</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Chicken Pox</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Measles</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Mononucleosis</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Typhoid fever</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kidney disease</td><td><input type="checkbox"/></td></tr> <tr><td><input 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I hereby grant the Nurse Management Wellness Clinic permission to share medical healthcare records with the health profession programs and clinical agencies as required by the program of study.

I hereby acknowledge that the information on the Student Personal Health History form is true and complete to the best of my knowledge and nothing has been omitted which would interfere with academic and technical standards that are essential to the educational purpose or objective of a program or class.

**STUDENT SIGNATURE:** X **DATE:** \_\_\_\_\_

Student Name: \_\_\_\_\_

**PART III: To Be Completed by Physician**

Weight	Height w/o shoes	Temp	Pulse	Resp	BP
--------	------------------	------	-------	------	----

Vision	Left: _____ Right: _____ Both: _____	<input type="checkbox"/> Not Corrected	<input type="checkbox"/> Corrected: _____
--------	--------------------------------------	--	---

Describe every abnormality in detail in Part V of form.

Check each item in appropriate column--enter NE if not examined	Normal Findings	Abnormal Findings	Deferred Findings	Comments
Skin				
Eyes				
Ears				
Nose				
Mouth/Teeth/Throat				
Neck				
Breast Examination				
Lungs and Thorax				
Heart				
Abdomen				
Back				
Extremities				
Genitalia				
Neurological				

**Depression Screening**

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

**NOTE:** If the patient has a positive response to either question, consider administering the Patient Health Questionnaire-9 or asking the patient more questions about possible depression. PHQ-2 score  $\geq 3$  is suggestive of elevated symptoms of depression warranting additional screening or follow-up. Adapted from patient health questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed August 2019.

Student must be free of contagion or of any conditions which may endanger the health and well-being of other students or patients and possess sufficient physical stamina with or without reasonable accommodations to fulfill the requirements of the program and the customary requirements of the profession.

Are there any abnormal findings on evaluation for concern?  YES\*\*  NO **\*\*(If YES, please explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Physician, Nurse Practitioner, or Physician Assistant \_\_\_\_\_

Signature of Physician, Nurse Practitioner, or Physician Assistant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_



**ALLIED HEALTH PROGRAM ESSENTIAL FUNCTIONS  
PROFESSIONAL TECHNICAL STANDARDS**

**TECHNICAL STANDARDS ACKNOWLEDGEMENT:**

I have received a copy of the *Allied Health Program Essential Functions /Professional Technical Standards* as established by the health professions program. I have read these Essential Functions and understand them. I believe I am capable of meeting the Essential Functions of the Allegany College of Maryland health program to which I am applying.

The Health Program is committed to providing educational opportunities to otherwise qualified applicants and students who can perform the functions required of a health professional and to preserving the wellbeing of patients and fellow students; the Program works closely with the Office of Academic Access and Disability Resources if a student has a documented disability for which reasonable accommodations are needed. Applicants are required to provide documentation of a physical examination and submit to the Nurse Managed Wellness Clinic.

Initial \_\_\_\_\_

**POTENTIAL DENIAL OF LICENSURE/CERTIFICATION ACKNOWLEDGEMENT**

**Please Be Advised:** The licensing or certification board may deny a license or certification to any applicant who has been convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

Initial \_\_\_\_\_

**ACKNOWLEDGEMENT OF SHARED INFORMATION WITH PROGRAM:**

I hereby grant the Nurse Management Wellness Clinic permission to share medical healthcare records with the health profession programs and clinical agencies as required by the program of study.

Initial \_\_\_\_\_

**PRINT STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Professional Technical Standards

Students are expected to demonstrate these professional technical standards\* with or without reasonable accommodations.

### 1. Intellectual-conceptual abilities

*Demonstrate the academic ability to absorb a large volume of technically detailed material, synthesize information, and apply data to solve complex clinical problems. Additionally, well-developed study skills, motivation, and personal accountability are essential to acquire information in a limited or accelerated timeframe successfully.*

### 2. Behavior and social attributes

*Demonstrate the ability to develop the emotional maturity to approach highly stressful human situations in a calm, safe, and rational manner. Students must display sound ethical integrity consistent with a healthcare professional\*.*

### 3. Communication

*Demonstrate the ability to communicate accurately with patients, clients, other healthcare professionals and the community in order to elicit and share information, to detect changes in mood and activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and with sensitivity when dealing with patients, clients and all members of the health care team in person, in writing and in all forms of documentation.*

### 4. Observation

*Demonstrate sufficient ability to observe demonstrations, clients and/or patients accurately from afar and within close proximity. Visual, auditory, tactile, and olfactory senses may be necessary for observations.*

### 5. Motor capabilities.

*Demonstrate sufficient ability and stamina with or without reasonable accommodations to fulfill the customary requirements of the program and the profession. Gross and fine motor skills, as well as, visual, auditory, tactile, and olfactory senses may be necessary to monitor, assess, and respond to patient care situations safely and efficiently.*

Allegany College of Maryland maintains a strong institutional commitment to equal educational opportunities for qualified students with disabilities who apply for admission or who are already enrolled. The technical standards are not intended to deter any candidate for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Students and prospective students who disclose their disabilities will have a confidential review by the Academic Access & Disability Resources Director to determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disabilities have the ability to become successful career professionals. Contact [adr@allegany.edu](mailto:adr@allegany.edu) or 301-784-5234 for a confidential consultation.

Approved 3/19/2021

\*Refer to Professional Technical Standards/Program Guidelines/Course Syllabi/College Student Handbook