

**HEALTH PROFESSIONS
PHYSICAL EXAMINATION FORM**

**Diagnostic Medical Sonography
Emergency Medical Services
Health Information Technology/Coding
Medical Assistant
Medical Office Administration
Occupational Therapy Assistant
Physical Therapist Assistant
Polysomnography
Radiography
Respiratory Therapy**

Return to: _____

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TIDEWATER COMMUNITY COLLEGE

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HEALTH PROFESSIONS

Program Technical Standards

Health Profession Descriptions

Please refer to the following descriptions of technical standards for each health profession. Please see Section IV

Diagnostic Medical Sonography

Students in the Diagnostic Medical Sonography Program must attend approximately 1200 hours of clinical training in hospitals. They must be able to help lift and move patients; to pull, push, and control movements of machinery, such as portable ultrasound machines, patients on stretchers, film cassettes; and perform tasks requiring fine motor control. They must be able to hear Doppler effect changes and see shades of gray and distinct colors.

Emergency Medical Services

As a Basic Emergency Medical Technician (EMT-B), the individual will be required to attend a minimum of 10 hours of clinical training in which he/she will aid in the lifting and moving of patients to and from stretchers; pull, push, and control the movement of machinery, i.e., oxygen cylinders, cardiac monitors, and stretchers; perform CPR; view digital displays and monitor oscilloscope readouts; hear audible alarms; and auscultate blood pressures and heart and lung sounds. ALS students will have a minimum clinical hour requirement of at least 24 to 128 hours depending on ALS level as well as a field component.

Health Information Technology/ Coding

As a student in the Health Information Technology/Coding Program, this individual must attend 400 hours of coordinated practice in a hospital or health care facility. He or she must be capable of performing office work, such as filing, typing, and writing.

Medical Assistant

A student in the Medical Assistant Program must complete 320 hours of clinical training in a hospital, doctor's office, and urgent care center. The student must be able to lift and move patients as well as various office and laboratory equipment, obtain blood samples, administer pharmaceutical agents, auscultate blood pressures and obtain vital signs and to perform tasks requiring fine motor control.

Medical Office Administration

A student in the Medical office Administration Program must complete 100 hours of clinical training in a doctor's office. The student must be able to lift and move various office equipment. The student must be able to perform tasks requiring cognitive and fine motor control tasks as well as using a computer.

Occupational Therapy Assistant

As a student in the Occupational Therapy Assistant Program, this individual must attend 720 or more hours of clinical training in a hospital or health care setting. He or she must possess the physical ability to repetitively aid in the lifting and moving of patients; the fine motor skills to fabricate adaptive equipment/ the emotional skills to interact effectively with patients and the health care team; the cognitive skills to instruct patients in learning new tasks; and to spontaneously respond to his/her patients in a therapeutic manner.

Physical Therapist Assistant

As a student in the Physical Therapist Assistant Program, this individual must attend 600 or more hours of clinical training in a hospital or physical therapy setting. He or she must possess the physical ability to repetitively aid in the lifting and moving of patients; the fine motor skills to manipulate dials and knobs; the emotional skills to interact effectively with patients and the health care team; and the cognitive skills to instruct patients in learning new tasks and spontaneously respond to his/her patients in a therapeutic manner.

Polysomnography

Students in the Polysomnography Program will attend hours of clinical training in a hospital or health care facility. The student must frequently lift and/or move up to 25 pounds, and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Radiography

Students in the Radiography Program must attend approximately 1400 hours of clinical training in hospitals. They must be able to help lift and move patients; to pull, push, and control movements of machinery, such as portable x-ray machines, video monitors, overhead x-ray tubes, and imaging cassettes; to perform tasks requiring fine motor control; the emotional skills to interact effectively with patients and the health care team; and the cognitive skills to instruct patients during procedures.

Respiratory Therapy

As a student in the Respiratory Therapy Program, this individual must attend 600 or more hours of clinical training in a hospital or health care facility. The student must possess the physical ability to aid in the lifting and moving of patients; to pull/push and control the movement of machinery, i.e., ventilators and oxygen cylinders; to view digital displays and monitor oscilloscope readouts; to hear audible alarms; to auscultate blood pressure and heart and lung sounds; to perform tasks requiring fine motor control, and to interact effectively with patients and the health care team.

Part II

INSTRUCTIONS: Physician or official medical professional designee must complete this form and affix his/her official stamp at the bottom of the last page. Copies of lab reports, titers, etc., MUST be attached. All sections of this form must be completed.

PHYSICIAN:

Please complete and forward this record to the applicable TCC Health Professions Program Director (address on front)

- 1. Height: _____
- 2. Weight: _____
- 3. T. _____ P: _____ R: _____ BP: _____/_____
- 4. Vision: OD _____ OS _____ OU _____ Corrected? ___ Yes ___ No
- 5. General appearance:
- 6. Ears:
- 7. Nose:
- 8. Throat:
- 9. Neck:
- 10. Breasts.
- 11. Chest:
- 12. Cardiovascular system.
- 13. Abdomen:
- 14. GI system:
- 15. GU system:
- 16. CNS/Reflexes.
- 17. Back.
- 18. Extremities:
- 19. Is there evidence of misuse of illicit drugs or alcohol: ___ Yes ___ No
- 20. Describe any conditions currently being treated:
- 21. Allergies:

Part III

PHYSICIAN: The following immunizations or titers are required. A shot record must document all immunizations/titers unless immunization is given the day of the physical exam. Express results in numerical values. **Attach copies of all titer results.**

		Step 1	Step 2
TB skin test PPD	<p>Applicant must undergo a two-step PPD* prior to beginning the clinical experience.</p> <p>*The second PPD should be completed 7-10 days after the first test is completed.</p> <p>A single PPD test is needed yearly after the initial two-step PPD until completion of the program.</p>	Date of injection: ___/___/___ Date read: ___/___/___ Results: _____ If PPD is positive, then an annual chest x-ray must be obtained. A copy of the x-ray report must be attached. Date read: ___/___/___ Results: _____	
Mumps Rubeola Rubella MMR	<p>The applicant must have proof of MMR vaccination <i>or</i> documented proof of immunity shown by mumps, rubeola, and rubella titers.</p> <p>Persons born after 1957 must have documentation of two MMRs. If documentation is unavailable, serum titer levels must be drawn.</p>	Date of injection: ___/___/___ Documented immunity of: Mumps Titer: Date: ___/___/___ Rubeola Titer: Date: ___/___/___ Rubella Titer: Date: ___/___/___ <u>If titer results do not indicate immunity, an MMR vaccination is required.</u> Please note: To reduce expense an MMR vaccination may be given in place of titer levels	
Varicella Chicken Pox	<p>Documentation of immunization or a varicella titer is required prior to start of program.</p> <p>If the varicella titer is negative, the student is required to obtain the series of varicella vaccinations (two Varivax vaccinations) unless contraindicated by documentation, by medical status, or by pregnancy.</p>	Documented immunity of: Varicella Titer: Date: ___/___/___ Titer results: (please check one) _____ immune _____ not immune Immunization: Shot 1 ___/___/___ Shot 2 ___/___/___	
Hepatitis B	<p>Several clinical sites require the completed Hepatitis B immunization series prior to beginning clinicals.* Undocumented evidence of immunization may affect clinical site placement.</p> <p>Please see your program director for further information if necessary. If the immunization has been received, indicate proof of vaccination.</p> <p>*This series must be started before clinicals and completed on schedule. If the Hepatitis B Immunization is not completed a declination form must be signed.</p>	Dates of injection: Shot 1 ___/___/___ 1 month Shot 2 ___/___/___ 2 month Shot 3 ___/___/___ 4-6 months	
Diphtheria/Tetanus Toxoid	<p>The health professions programs require that students have a current tetanus toxoid vaccination <i>within the past 10 years</i></p>	Date of injection: ___/___/___	

Part IV

To ensure patient safety and welfare, the Diagnostic Medical Sonography, Emergency Medical Services, Health Information Technology/Coding, Medical Assistant, Occupational Therapy Assistant, Physical Therapist Assistant, Polysomnography, Radiography, and Respiratory Therapy Programs of Tidewater Community College have established technical standards which must be met by the students.

PHYSICIAN:

Please consider the following technical standards when answering question number four (4) in Part V of the Physical Form.

YES

NO

Sufficient eyesight to observe patients, read patient records, manipulate equipment and accessories, visually monitor patients in dimmed light via video monitors, evaluate radiographs for quality, and see distinct colors on sonograms.

Sufficient hearing to communicate with patients and other members of the health care team, monitor patients via audio monitors, and hear background sounds during equipment operations.

Satisfactory speaking, reading, and writing skills to effectively and promptly communicate in English.

Sufficient gross and fine motor coordination to manipulate equipment and accessories, lift a minimum of 35 pounds; and to stoop, bend or promptly assist patients who become unstable.

Satisfactory physical strength and endurance to move immobile patients to or from a stretcher or wheelchair to the x-ray table, work with arms extended overhead, stand in place for long periods of time, and carry 20-25 pounds while walking. EMS applicants must be able to lift, carry, and balance 125 pounds.

Satisfactory intellectual and emotional functions to ensure patient safety and exercise independent judgment and discretion in the performance of assigned responsibilities.

Remarks:

Part V

PHYSICIAN: Fill in pertinent information regarding applicant including comments where required.

- | | YES | NO |
|--|-------|-------|
| 1. Is there anything in the applicant's past medical history that would preclude his/her successful completion of a health professions program?
<i>Comments:</i> | _____ | _____ |
| 2. After reviewing the questions in Part IV on the previous page, does this person have any physical or mental condition or disability, which would prevent him/her from attending this program?
<i>If yes, please explain:</i> | _____ | _____ |
| 3. Applies ONLY to Diagnostic Medical Sonography, Emergency Medical Services, Health Information Technology/Coding, Medical Assistant, Radiography, Occupational Therapy Assistant, Physical Therapist Assistant, Polysomnography, and Respiratory Therapy Applicants: Does this person have any medical condition that would prevent them from meeting the technical standards of the program indicated in Section IV to which he/she is applying?
<i>If yes, please explain:</i> | _____ | _____ |
| 4. Applies ONLY to Emergency Medical Services Applicants: After examination does this applicant have any evidence of illness or injury which would prohibit participation in clinical or internship components including use of an OSHA approved HEPA respirator?
<i>If Yes, please explain:</i> | _____ | _____ |

I have this date given _____ a careful physical examination and found him/her to be in _____ health. Date: ____/____/____

Signature: _____

M.D., or *official* Medical Professional designee.

Print _____

M.D. or *official* Medical Professional designee.

Official Stamp

Address _____

City _____ State _____ Zip _____

Telephone _____