



Paramedic Program Health Examination Form

Dear Doctor:

The individual listed below is applying for the Medical Assisting Program. As per California regulations, a physical must be completed prior to entering the program. Please fill out the following form regarding physical health and identify any possible limitations.

Student's Name: _____

Date: _____

Have you had any of the following complaints?

- | Yes | No | Yes | No | Yes | No | Yes | No |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above conditions, please explain:

How many pillows do you use? _____ What major operations have you had? _____

I grant permission to the below signed physician or representative to release this information to West Hills College:

Student Signature _____

Date _____

Physical Assessment

EENT _____

Urinary _____

Cardiovascular _____

Muscular _____

Respiratory _____

Skeletal _____

GI _____

Neuro _____

Allergies _____

Medications _____

TB Skin Test

Date of TB skin test _____ Results _____ Date Read _____ Read by _____

Physical Requirements - Please check the following tasks the individual is able to perform:

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Lift, push or pull objects weighing 50 lbs | <input type="checkbox"/> | Stand and walk without difficulty | <input type="checkbox"/> |
| Stand for long periods of time | <input type="checkbox"/> | Bend at the waist without difficulty | <input type="checkbox"/> |
| Perform basic range of motion | <input type="checkbox"/> | Limitations, if any: _____ | |

Signature of Physician _____

Date _____