



**Form C-1: Physical Examination**

*This section to be completed by the DO, MD, NP, or PA only.*

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

WesternU Student ID#: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

BP: \_\_\_/\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

Vision: R \_\_\_/ 20 L \_\_\_/ 20

Corrected / Uncorrected (circle)

	Detailed Description of <b>ABNORMAL</b> Findings
<b>GENERAL:</b> Posture, gait, speech, appearance	
<b>HEAD:</b> Hair, symmetry, tenderness	
<b>EYES:</b> Lids, sclera, conjunctiva, muscles, cornea, pupils, fundi, peripheral fields	
<b>EARS:</b> Pinna, canal, drum, hearing	
<b>NOSE:</b> Septum, obstruction, mucosa	
<b>MOUTH/THROAT:</b> Breath, lips, teeth, tongue, mucosa, pharynx, tonsils	
<b>NECK:</b> Thyroid, motion, trachea, veins	
<b>LYMPHATICS:</b> Cervical, supraclavicular, axillary, inguinal	
<b>CHEST/LUNGS:</b> Symmetric, percussion, excursion, breath sounds	
<b>CARDIOVASCULAR:</b> PMI, Rate, Rhythm, Sound, Murmur, Neck Bruits, upper ext. pulses, lower ext. pulses, leg veins, edema, abdominal bruit	
<b>ABDOMEN:</b> Tenderness, organs, hernia, masses, sounds, scars	
<b>MUSCULOSKELETAL:</b> Back, upper extremities, lower extremities	
<b>SKIN:</b> Birthmarks, rashes, scars, texture	
<b>NEUROLOGIC:</b> DTRs: Biceps, Triceps, Patella, Ankle, Romberg, Babinski, Cranial Nerves, sensory, coordination, tremor, vibratory	
<b>MENTALSTATUS:</b> ALOC x 3, affect, judgment, cognition, memory, abstraction, hallucination/delusions	
Breasts, Rectal, Gyn and male GU are not required to be examined	

**The physical exam can be no more than 6 months old from date you will begin classes.**



**Form C-2: Physical Examination**

*This section to be completed by a DO, MD, NP, or PA*

Name \_\_\_\_\_ WesternU Student ID#: \_\_\_\_\_  
Last First Middle

Other Findings: \_\_\_\_\_

Are there any restrictions on physical activity? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are there any recommendations for continued medical care/follow up? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Tdap vaccination** (tetanus/diphtheria/acellular pertussis) date : \_\_\_\_\_

**NOTE: A TD and/or Dtap will NOT be accepted.**

**Immunization records**

**Student must submit immunization records beginning in childhood and COVID-19 vaccination card.**

<p>Healthcare provider name (printed/stamped): _____</p> <p>Signature: _____ Date: _____</p> <p>Address of Healthcare provider: _____</p> <p>Phone number (please include country code if outside of USA): _____</p>
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**Tuberculosis Clearance**

1. **No history** of positive TB skin test or IGRA must submit one of the following:

- **TB PPD skin test.** If you have not had 2 separate TB (PPD) skin tests completed within the past year, then 2 separate TB (PPD) skin tests at least 10 days apart from the 1<sup>st</sup> PPD being administered is required.

Date 1<sup>st</sup> PPD Placed: \_\_\_\_\_ Date 1<sup>st</sup> PPD Read: \_\_\_\_\_

Results of 1<sup>st</sup> PPD: \_\_\_\_\_ Nurse Signature \_\_\_\_\_

Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Date 2<sup>nd</sup> PPD Placed: \_\_\_\_\_ Date 2<sup>nd</sup> PPD Read: \_\_\_\_\_

Results of 1<sup>st</sup> PPD: \_\_\_\_\_ Nurse Signature \_\_\_\_\_

Millimeters of Induration (the words "negative" or "positive" are unacceptable)

Having a history of receiving the BCG vaccine alone is not acceptable as a positive PPD history unless a skin test has been given and the result was 10mm or greater.

- **IGRA (e.g., Quantiferon or T-spot) Date: \_\_\_\_\_ this is the preferred test if history of receiving BCG vaccine.** *Must not be more than 6 months* from the first day of matriculation. *Must submit IGRA lab. results and a completed TB Symptoms Health Screening checklist.* (Note: **This test is valid for 4 years at WesternU**)

2. **Positive history** of TB skin test and/or IGRA must submit:

Chest x-ray/radiology Date: \_\_\_\_\_ **must not be more than 6 months from the first day of matriculation.** *Must submit Radiology report, complete TB Symptoms Health Screening checklist, and provide documentation of previous positive TB skin test and/or IGRA results.* (Note: **This test is valid for 4 years at WesternU**)