RIO HONDO COMMUNITY COLLEGE DISTRICT

DEPARTMENT OF PUBLIC SAFETY – FIRE TECHNOLOGY

Applicant for class: _____

Form to Academy: _____

RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be filled in by student. Please use ink and print clearly.)

NAME: _____ DATE: _____

PERMANENT ADDRESS: _____

_____ TELEPHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY NO: _____

FAMILY PHYSICIAN: _____

Name Address Telephone

HEALTH HISTORY

Check conditions you have had or now have. Show dates on non-chronic conditions.

- ☐ Allergies
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Back Pain
- ☐ Bladder Conditions
- ☐ Bronchitis
- ☐ Cancer
- ☐ Chicken Pox
- ☐ Convulsive Disorder
- ☐ Crohn's Disease
- ☐ Diabetes
- ☐ Dizziness
- ☐ Draining Ear
- ☐ Fainting
- ☐ Gall Bladder Disease
- ☐ Headaches (Frequent)
- ☐ Headaches (Migraine)
- ☐ Heart Trouble
- ☐ High Blood Pressure
- ☐ Impairment of Hearing
- ☐ Kidney Trouble
- ☐ Marked Fatigue
- ☐ Nervous Breakdown
- ☐ Other Blood Diseases
- ☐ Palpitation
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Seizures
- ☐ Smoking Habits
  Packs Daily: ☐ 1 ☐ 2 ☐ 3
- ☐ Stomach Conditions
- ☐ Thyroid Disease
- ☐ Treatment for Alcoholism
- ☐ Treatment for Drug Addiction
- ☐ Ulcers

List any other illness you have had. (include dates) _____

List medications. Prescribed: _____ Over the counter taken regularly: _____

Surgical Procedures. (Give date and nature) _____

Severe Accidents, including fractures. (Give date and nature) _____

Female Menstrual Disorders _____

IMMUNIZATIONS

Indicate which vaccinations and immunizations you have had. (Give dates) (WRITTEN proof of immunization is required)
NOTE: A Tetanus Diphtheria booster is required if none has been received within the last 10 years.

NURSE: Patient counseled regarding importance of not becoming pregnant within 3 months of vaccination? ☐ YES ☐ NO

Send to see primary medical physician if pregnant. ☐ YES ☐ NO

Nurses Signature: _____ Date: _____

MMR 1 _____ MMR 2 _____ Tetanus Diphtheria Booster _____ (within past 10 years) Flu Shot _____
Hepatitis 1 _____ Hepatitis 2 _____ Hepatitis 3 _____

CHEM PANEL: Blood Sugar _____ Cholesterol _____ Liver Enzymes _____ Electrolytes _____

* Women should not receive the Rubella vaccine if they are pregnant or might become pregnant within 3 months. However, if you are vaccinated and then find out you were pregnant at the time, it should not be a cause for concern. Rubella vaccine has never been known to harm an unborn child.

REP: Center for Disease Control

FAMILY MEDICAL HISTORY

	FATHER	MOTHER	BROTHERS	SISTERS
Name				
Place of Birth				
Occupation				
State of Health				
Age				
If Deceased, Cause of Death				

LAST NAME: _____ FIRST NAME: _____

PHYSICAL EXAMINATION (To be completed by Physician)

General Appearance

Height Weight BP Temperature Pulse Respiration

Skin Ears

Eyes Throat

Teeth Neck

Chest / Lungs

Heart: Before Exercise After Exercise

Abdomen Rectal Exam

Genitalia Hernia

Pelvic and Breast Exam (on females)

Pregnancy Test ☐ + ☐ - Female cadets must have a Urine Pregnancy Test.

Back Dorsal Spine

Extremities

Neurological

Additional information: _____

Recommendations: _____

This client has been examined and found physically acceptable for a Basic Fire Academy Training Program. ☐ YES ☐ NO

Examining Physician: _____ **Date:** _____

HEARING						
	250	500	1000	2000	4000	6000
Right						
Left						
Audiometrist:						
Date:						

VISION SCREENING		
	Right	Left
Uncorrected		
Corrected		
Color Vision		
Wears ☐ Glasses ☐ Contact Lenses		
Examiner:		
Date:		

LABORATORY TESTS: The following laboratory tests are required, results of which must be attached to this form:

☐ Chem 26
☐ CBC
☐ Urinalysis

Chem Panel

☐ Blood Sugar
☐ Cholesterol
☐ Liver Enzymes
☐ Electrolytes

☐ TUBERCULIN SKIN TEST (within 6 months of admission)

Date: _____ Reaction: _____

If TB skin test is positive, a chest X-ray is required.

☐ Chest X-ray (within one year of admissions)

Date: _____ Reaction: _____