RIO HONDO COLLEGE

CNA STUDENT HEALTH HISTORY AND PHYSICAL EXAM

First Name | Middle | Last | Birth Date | Age | M or F

Phone Number | Position | Personal Physician or Clinic

Student Limited Physical Statement:

The physical examination given is a brief one and is in accordance with the requirement of Title 22, section 71835. Its purpose is to indicate that student is sufficiently free of disease or any health condition, which could create a hazard to themselves, fellow students, staff, patients, or visitors. This is in no way a complete examination and is not designed to diagnose or treat any medical problem, which you might already have. For this you must see your own physician. Tuberculosis screening will also be required.

Do you have or have you had any of the following: Circle Y for Yes or N for No:

Epilepsy/Seizures	Yes	No	Chest Pain/Pressure	Yes	No	Arthritis	Yes	No
Head Injury	Yes	No	Shortness of Breath	Yes	No	Diabetes	Yes	No
Dizziness/Fainting	Yes	No	High/Low BP	Yes	No	Skin Problems	Yes	No
Frequent Headaches	Yes	No	Heart Disease	Yes	No	Measles	Yes	No
Neck Pain/Injury	Yes	No	Scarlet Fever	Yes	No	Mumps	Yes	No
Glasses/Contacts	Yes	No	Rheumatic Fever	Yes	No	Chicken Pox	Yes	No
Glaucoma	Yes	No	Stroke (CVA)	Yes	No	Cancer	Yes	No
Cataracts	Yes	No	Hernia/Rupture	Yes	No	Mental Illness	Yes	No
Hearing Problems	Yes	No	Ulcer	Yes	No	Anemia	Yes	No
Thyroid Problems	Yes	No	Kidney Problem	Yes	No	Menstrual Cramps	Yes	No
Tuberculosis	Yes	No	Hepatitis	Yes	No	Currently Pregnant	Yes	No
Asthma	Yes	No	Back Pain/Injury	Yes	No	HIV/AIDS	Yes	No
Chronic Cough	Yes	No	Knee Pain/Injury	Yes	No	Allergies	Yes	No
Bronchitis	Yes	No	Varicose Veins	Yes	No	_____		

Specify any illness, operations, or injuries not mentioned above. (Include dates)

_____

_____

Have you ever had a Tuberculosis (skin) test? Yes ____ No ____ Date _____
If yes, did the area become red or swollen? Yes ____ No ____

Are you taking any medications, vitamins, or birth control pills? Yes ____ No ____
If yes, give names and dosages.

_____

_____

Are you currently under the care of a physician? If yes, explain why._____

_____

List any other problems not listed above._____

_____

I certify that the foregoing statements are true and complete. Any falsification of this record may be considered cause for denial of certification.

Date:_____ Student Signature:_____