ATTACHMENT D – Pre-Placement Physical Exam Form

Hillcrest Educational Centers

Pre-Placement Physical Exam Page 1 of 2

Student's Name: _____ **Date of Birth:** _____

Diagnoses:

Current Medications *(Please attach signed prescriptions):*

Allergies:

Past Medical History:

Prenatal / Birth / Developmental History:

Family History:

Social / Environmental History:

Prior Consultations with Sub-Specialists – eg. Neurology, Endocrinology, Cardiology
(Please attach to exam form)

EKG: _____ **Audio Screening:** _____
EEG: _____ **Vision Screening:** _____

Pertinent Lab (CBC, V/A, Hepatitis Screen, etc.) and Radiological Exams including CT or MRI:

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Pre-Placement Physical Exam Page 2 of 2

Student's Name: _____ **Date of Birth:** _____

DATE OF PHYSICAL EXAM: _____

Ht: _____ **%:** _____ **Wt:** _____ **%:** _____ **BP:** _____

General Appearance/Demeanor: _____

Skin: _____ **Lungs:** _____
HEENT: _____ **Heart:** _____
Neck: _____ **Abdomen:** _____

Sexual Development: **Tanner Stage:** _____ **If female: menstruating?** **Y** **N**

Genito-Urinary: _____

Musculo-Skeletal including spine: _____

Neurologic: _____

IMMUNIZATIONS	#1	#2	#3	#4	#5
DTP or DtaP					
Td Booster					
TOPV or IPV					
HIB					
MMR					
Varicella					
Hep B					
Hep A					
Other					

TB TESTING ***Must be done within 60 days of Admission***

PPD Date Planted: _____ **Date Read:** _____ **Results:** _____

Health Care Professional's Name/Degree: _____
Please Print

Health Care Professional's Signature: _____ **Date:** _____

EXAMINING PHYSICIAN MUST SIGN

As examining physician, my signature at the bottom of this form indicates that at this time the above individual is free of communicable and infectious diseases.

Physician's Name (Please Print): _____ **Date:** _____

Physician's Signature: _____ **Office Phone #:** _____