



School of Business, Education and Health Sciences
Nursing and Allied Health Department
STUDENT HEALTH EVALUATION

Name: Last First Middle Date:
Email: Student ID:
Telephone: Age: Sex:

Disclosure and Certification Statement:

I hereby grant permission for the release/disclosure of the information contained in this evaluation among appropriate college and clinical education staff whenever necessary for the evaluation of my fitness to enroll and/or remain in any of the healthcare programs at Long Beach City College. My signature below certifies that the information I have provided is true to the best of my knowledge. I understand that falsification of any of this information may constitute grounds for immediate dismissal from the program.

Signature: Date:

Health History (check all that apply)

Allergies Musculoskeletal/Back Injuries
Cardiac Problems Neurological Problems
Diabetes Seizure Disorder
Hernia Cigarette Smoker
Hypertension Substance Abuse
Visual/Hearing Alcohol
Respiratory Illegal Drugs
Other Tuberculosis

Please explain any area(s) that you have checked:

Please initial "YES" or "NO" below if you are able to perform the following physical maneuvers commonly required of healthcare students and professionals:

- Stand and/or walk up to 8-12 hours per day
Lift a minimum of 35 pounds from floor level to waist level, and a minimum of 10 pounds from waist level to shoulder level
Carry a minimum of 20 pounds while walking a distance of 100 feet or more
Bend or flex the upper trunk forward up to 45 degrees and flex the lower torso into a squatting position
Rotate the upper trunk up to 30 degrees to the right and/or left from a neutral position while standing and/or sitting
Reach up to a height of 72" above floor level
Push and/or pull equipment or objects weighing up to 250 pounds

Table with 2 columns: YES, NO and 7 rows for physical maneuvers.

Please explain why you are unable to perform the above physical maneuvers:



School of Business, Education and Health Sciences
Nursing and Allied Health Department
STUDENT HEALTH EVALUATION

Essential Functions: All students are required, throughout the program, to meet the following essential functions for entry and continuation in the health programs.

Physical Demands

- Perform prolonged, extensive, or considerable standing/walking, lifting, positioning, pushing, and/or transferring patients
Possess the ability to perform fine motor movements with hands and fingers
Possess the ability for extremely heavy effort (lift/carry 50 lbs. or more)
Perform considerable reaching, stooping, bending, kneeling, and crouching

Sensory Demands

- Color vision; ability to distinguish and identify colors (may be corrected with adaptive devices)
Distance vision; ability to see clearly 20 feet or more
Depth perception; ability to judge distance and space relationships
Near vision; ability to see clearly 20 inches or less
Hearing; ability to recognize a full range of tones

Working Environments

- Exposed to infectious and contagious disease, without prior notification
Exposed to the risk of blood borne diseases
Exposed to hazardous agents, body fluids and wastes
Exposed to odorous chemicals and specimens
Subject to hazards of flammable, explosive gases
Subject to burns and cuts
Contact with patients having different religious, culture, ethnicity, race, sexual orientation, psychological and physical disabilities, and under a wide variety of circumstances
Handle emergency or crisis
Subject to many interruptions
Requires judgement/action in life/death situations
Exposed to products containing latex

English Language Skills

Students must be able to communicate effectively, both verbally and written, with clients, colleagues and instructors to complete classes successfully and to ensure safety for themselves and for others.

Note

- Prior admission to a healthcare program, students demonstrate physical health as determined by a health history and physical examination.
Entry and continuation in a healthcare program requires the student to submit a history and physical examination, and meet required immunizations, titers, TB clearance (PPD/Chest X-ray), and any other testing required by college, program, and clinical partner contractual requirements, including drug testing and background check.
A current Healthcare Provider CPR card, renewed annually while enrolled.
The college does not provide transportation to and/or from required clinical facility rotations.
Entry and continuation in a healthcare program requires that students must earn a minimum grade of "C" in all program-related and other required courses.

I have read and understand the essential functions and requirements.

Student Name (Print): _____ LBCC ID #: _____

Student Signature: _____ Date: _____

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

FOR CLINICIAN USE ONLY – STUDENTS DO NOT COMPLETE THIS PAGE

EXAMINATION	NORMAL	ABNORMAL	IF ABNORMAL, PLEASE NOTE DETAILS
General Appearance			
Vision			
Hearing			
Allergy to Latex?			
Other Allergies			
Skin, Nails & Hair			
HEENT			
Neck			
Lungs			
Heart			
Abdomen			
Back			
Genito-Urinary & Hernia			
Musculoskeletal			

Illnesses	
Injuries	
Restrictions on Activity	
Medications	
Disabilities	

Temp _____ **Pulse** _____ **Resp** _____ **BP** _____

Name of Healthcare Provider: _____

Address: _____

Telephone: _____

Signature of Healthcare Provider

Date