American Institute of Medical Sciences & Education

AIMS EDUCATION

4500 New Brunswick Avenue, Piscataway, NJ 08854

WWW.AIMSEDUCATION.EDU

Physical Examination Report

Please complete Part I & Part II.
Part III must be completed by physician

Part I Personal Information

Name: Date of Birth:

Address Phone #

City State Zip

Emergency Contact (name) Phone #

Family Physician Phone #

Part II Medical History (Date need not be exact, month & year only Regarding operation & injuries)

A. Check disease or illness that you have had:

Measles		Asthma		Mumps	
Mononucleosis		Pneumonia		Rheumatic Fever	
Hay Fever		Hepatitis		Scarlet Fever	
Chicken Pox		Kidney Disease		Cardiac Problems	

Other serious disease

Allergies to Medicines/Latex allergy screen/other:

Injuries/ Medical & Surgical History:

List medication(s) taken on regular basis:

B. Immunizations:

1. Measles vaccination: (required unless immune or have had 2 doses since 1st birthday) – Date _____
2. Hepatitis B Vaccination : Date # 1 _____ #2_____ #3_____
3. Varicella (Chicken Pox): Date of Titer: _____
4. If have not had titer but have chicken Pox, please indicate date of case: _____
5. Rubella Titer: Date: _____
6. Varicella Titer: Date: _____

Two steps TB test (if previously TB negative): Date: _____
One TB test with in last calendar year

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I hereby confirm that the information provided by me is true, complete and correct to the best of my knowledge and belief.

Student Signature:_____

Date:_____

Part III Physical Examination (to be completed by physician)

General Condition

Height _____Weight _____Blood Pressure HearingVision

Extremities:_____Back & Spine:_____

Students are required to function successfully in the following performance areas to complete an allied health occupation program.

1. Provide support to patient during walking, standing or getting in or out of bed or chair (support or lift 50 pounds)
2. Communicate with patient, family, or healthcare provider verbally.
3. Provide written documentation.
4. Observe visual changes in patient and/or environment for proper documentation.
5. Provide manual dexterity to operate keyboard, dials and apparatus utilized in the patient care and/or records area.

Is this applicant physically and emotionally qualified to participate in all classroom and clinical activities of an allied health occupation? ___ Yes ___ No (If no, please comment and attach additional pages if necessary)

_____

_____

Date: Physician Signature

Physician's Name (Print)

Address

Phone: