



History and Physical Exam
*For **Respiratory Therapy** Technology Program*

Name of Applicant _____

Date of Birth _____ Weight _____ Height _____

Physical Exam: To be completed by a physician or trained medical personnel under the supervision of a physician.

| Medical | Normal | Abnormal Findings (if any) | Initials |
|--------------------|--------|----------------------------|----------|
| Eyes (Vision) | | | |
| Ears, Nose, Throat | | | |
| Neck/Lymph Nodes | | | |
| Cardiovascular | | | |
| Abdomen/Hernias | | | |
| Respiratory | | | |
| Skin | | | |
| Musculoskeletal | | | |
| Neurological | | | |

| Musculoskeletal/ROM/Strength | Normal | Abnormal Findings (if any) | Initials |
|------------------------------|--------|----------------------------|----------|
| Neck | | | |
| Spine/Back | | | |
| Shoulders/Arms | | | |
| Wrist/Hand | | | |
| Hip/Thighs | | | |
| Knees/Legs/Ankles | | | |

- Allergies: _____
- List any medications taken frequently: _____
- Do you have physical activity limitations? If yes, please explain: _____

Required Tests

1. TB Gold

- If reactive, a Chest X-ray is required

Please provide the above testing results to the student for submission to the program's Student Upload Portal.

2. 10 PANEL EXPANDED OPIATE DRUG SCREEN (either urine or blood is acceptable)

- Accepted panels:

- Amphetamines
- THC
- Cocaine
- Opiates
- Barbiturates
- Phencyclidine
- Benzodiazepines
- Methadone
- Oxycodone
- MDMA/ecstasy
- Fentanyl
- Methaqualone
- propoxyphene

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Please provide the above testing results to the student for submission to the program's Student Upload Portal.

I certify that I have examined and spoken to this patient on this date and found them to be medically qualified to participate both physically and emotionally in the ***Respiratory Therapy program***. I also certify that I am a licensed physician or work directly with a licensed physician.

Print Name: _____

Office Address: _____

Telephone: _____

Signature: _____ Date of Examination _____

*****Cost of the physical examination, laboratory tests, and immunizations assumed by the applicant. *****

Students:

Submit this completed form to the Student Upload Portal found on the Respiratory Therapy webpage.

RETURN TO STUDENT FOR DOCUMENT UPLOAD

Revised: November 2025