HAGERSTOWN COMMUNITY COLLEGE

Date of Exam:_____

Program of Study:_____

Allied Health Programs Health Form

This report is confidential. Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in a student's dismissal from the program.
NOTE: A printed physical exam report from the student's patient chart indicating good overall health with no restrictions may be substituted for completing this document.

Student Name	Birth Date
Street Address:	City, State, Zip

The student has been examined and found to be in good general health.
_____Yes _____No

The student is fit to participate in the clinical activities of his/her allied health care program.
_____Yes _____No

To the best of my knowledge, the student is <u>not</u> presently harboring any infectious diseases.
_____Yes _____No If No, please explain:

Allergies (please list)

Sensitivity/Allergy to Latex. Please check one of the following

_____No sensitivity or allergy _____ Allergic contact dermatitis _____ Type IV (delayed hypersensitivity)

_____ Latex allergy or Type I hypersensitivity **- (Student required to have Epi-pen available at all times)**

I certify that I am a primary health care provider legally qualified to practice in the State of _____. I have examined the above applicant and find that the applicant is neither mentally nor physically disqualified, by reason of acute or chronic conditions, from the successful performance of the clinical duties required of health sciences students.

Health Care Provider's Signature _____ Date _____

Address
_____

Health Care Provider's Name:
(Printed or Stamped)