San Diego Continuing Education
Medical History and Physical Examination

Students must complete this form as part of the application process to enroll in the classes for the Home Health Aide Job Training/Certificate Program. Please note that you must have a physical exam completed within one year of the first day of class.

STUDENT SECTION

Please print clearly.

Full name ___________________________ Date of birth _____________ Age 18 or older? □ Yes □ No
Full mailing address ____________________________________________
Daytime telephone _______ Alternate telephone _______ E-mail __________________________
□ Male □ Female

PROVIDER SECTION

Please print clearly. The student section above must be complete and accurate before you complete and sign this section. A provider’s business stamp is required in this section.

Allergies ____________________________ Present medications ____________________________
Vital signs: HT ________ WT ________ T ________ P ________ R ________ BP ____________
Vision ____________________________ Hearing ____________________________
(N) Normal (A) Abnormal

( ) Skin ( ) Throat ( ) Abdomen
( ) Head/face ( ) Neck/nodes ( ) Liver
( ) Eyes ( ) Chest ( ) Back
( ) Ears ( ) Heart ( ) Kidney
( ) Nose ( ) Lungs ( ) Extremities
( ) Mouth ( ) Breast/Axilia ( ) Neurological

Does the individual named above have any health condition that would create a hazard to herself/himself, fellow employees, fellow students, visitors, or patients? □ Yes □ No
If yes, explain ____________________________

Does the individual named above have a back problem that would restrict moving or lifting patients?
□ Yes □ No
If yes, explain ____________________________

Provider printed name ____________________________ Date _____________ Fee paid ____________________________
Provider signature ____________________________ Provider stamp ____________________________
Provider full mailing address ____________________________ Provider telephone ____________________________

OFFICE SECTION

Date received _____________ time _____________ staff initials ________

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