EMPLID:_____ **APHYS** **DATE:**_____

MANATEE TECHNICAL COLLEGE

PRE-ENTRANCE PHYSICAL EXAM

Student Name: _____

This section to be completed and signed by applicant before examination and reviewed with physician.

Name:_____ Phone:_____

Address:_____ _____ ____ _____

Street No. or P.O. Box City State ZIP Code

Medical History:

Do you now have or have you ever had any of the following: *Attach additional pages if needed.*

Condition	Yes	No	Comments if Yes
Asthma			
Alcoholism			
Arthritis			
Back Trouble			
Drug Dependency/ Addiction			
Diabetes			
Epilepsy			
Fainting Spells			
Heart Condition			
Hepatitis			
Hypertension			
Kidney Disease			
Tuberculosis			
Varicose Veins			
High Blood Pressure			
Severe Headaches			
Emotional/Psychiatric Disturbance			

Allergies:

_____

_____

_____

EMPLID:_____ **APHYS** **DATE:**_____

MANATEE TECHNICAL COLLEGE

PRE-ENTRANCE PHYSICAL EXAM

Student Name: _____

Current physical must be within 12 months prior to program start date.

This section to be completed and signed by physician.

Height:_____ Weight:_____ Blood Pressure:_____
Temperature:_____ Pulse:_____ Respiratory:_____
Visual acuity without corrective lenses: Right: _____/_____
Left: _____/_____

Abnormalities:

Are there any abnormalities of the following systems? Describe fully.
Attach additional pages if needed.

System	Yes	No	Comments if Yes
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Eyes/ Ears			
Genitourinary			
Musculoskeletal			
Metabolic/ Endocrine			
Neuropsychiatric			
Skin			

Student/Applicant Signature:_____
Examiner Name:_____Phone:_____
Address:_____ _____ _____ _____
Street No. or P.O. Box City State ZIP Code

Signature of Examiner:_____ Date:_____
(Physician or Nurse Practitioner)