

**Saddleback College Health Science and Human Services  
Physical Evaluation and Recommendation**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**To the Applicant - Complete the Medical History below BEFORE your appointment:**

Have you ever had or do you currently have?	NO	Yes (explain)
Diminished hearing		
Diminished vision		
Shortness of breath on exertion		
Pain, pressure or tightness in the chest		
Fainting spells, dizziness or blackouts		
Excessive weakness or fatigue		
Epilepsy or seizures		
Severe depression and/or anxiety		
Addiction to narcotics, alcohol or other illegal drugs		
Low back pain or a "slipped disc"		
Joint pain		

**Medical Documentation: To Be Completed by Medical Provider ONLY**

**Vision:** OD 20/\_\_\_\_ OS 20/\_\_\_\_ **Check one:**     Corrected                     Uncorrected

Areas evaluated	Normal	Abnormal/Findings
Eyes		
Ears, Nose, Throat		
Heart, Lungs		
Spine		
Range of Motion: Back/Extremities		
Neurological Status		
Emotional Status		

**Check one:**

- I certify this student meets the physical standards described in the attached Advisory Statement and Instructions for the Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Programs.
- Conditionally qualified for program placement: Student must obtain written medical clearance from a private physician or other specialist for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

- Not qualified for program placement for the following reasons:

\_\_\_\_\_

**\*\* Provider's Signature and Date\*\***

\_\_\_\_\_

**I hereby authorize release of all records of my examination to  
the Health & Wellness Center at Saddleback College**

\_\_\_\_\_


**Applicant's Signature**

<p><b>Provider's Office Stamp</b></p>          
---







Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
General Extremity Motion:		x <b>Motor ability</b>	<ul style="list-style-type: none"> <li>x upper extremity: shoulder, elbow, wrist, hand, fingers and thumb</li> <li>x lower extremity: hip, knee, ankle, foot and toes</li> <li>x neck: turn, flex and extend</li> </ul>
Feeling		x <b>Sensory ability</b>	<ul style="list-style-type: none"> <li>x sensation to heat &amp; cold when assessing patients/clients</li> <li>x capacity to feel heat, cold, pain &amp; pressure to the self, protecting from personal injury</li> </ul>
Vision		x <b>Visual Acuity</b>	Read & interpret charts, reports, monitor equipment. Detect  signs and symptoms (color of skin, wounds, drainage and other body fluids, infusion sites). Detect a change in patient/client status.
Olfaction		x <b>Unusual Odor Detection</b>	x identify abnormal scents associated with numerous body fluids, wounds and patients/clients with casts or other appliances
Emotional		x <b>Emotional Stability</b>	emotionally stable under normal and stressful circumstance encountered in the health care setting.