

**NORTHWEST MISSISSIPPI COMMUNITY COLLEGE  
SCHOOL OF HEALTH SCIENCE  
STUDENT HEALTH RECORD**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Last 6 digits of SS#: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that all information is strictly confidential. I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information or failure to disclose any requested information will constitute grounds for dismissal from the Physical Therapist Assistant Program. I agree to notify NWCC School of Health Science of any change in my physical or mental health prior to my registration and while I am a student in the Physical Therapist Assistant Program. I understand that I may be exposed to patient's bodily fluids and other hazardous material in the clinical setting. I can tolerate physically taxing workloads and function effectively under stress. I feel that I possess the emotional well-being required for the full use of intellectual abilities; the exercise of sound judgment, the prompt completion of all responsibilities attendant to the care of patients, the development of mature, sensitive, and effective relationships with clients, peers, and staff. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them. I give my permission for release of all medical information related to this health form.

\_\_\_\_\_ Date

\_\_\_\_\_ Student Signature

\*This section is to be completed by a Doctor of Medicine, Doctor of Osteopathic Medicine, Physician's Assistant, or Certified Nurse Practitioner **ONLY**.

HT \_\_\_\_\_ WT \_\_\_\_\_ B/P \_\_\_\_\_ PULSE \_\_\_\_\_ TEMP \_\_\_\_\_ RESP \_\_\_\_\_

HEENT \_\_\_\_\_

RESP \_\_\_\_\_ CV \_\_\_\_\_

GI/GU \_\_\_\_\_ MUSCULOSKELETAL \_\_\_\_\_

NEURO \_\_\_\_\_ LYMPH \_\_\_\_\_

**In your opinion, is the applicant physically and mentally capable of providing safe client care with regard to the following functions? (circle one) YES NO**

**If NO, please explain:**

\_\_\_\_\_

**All PTA applicants and current PTA students must possess the following essential functions:**

Academic/Professional/Behavioral Requirements include:

1. Attend class approximately 10-25 hours a week or perform 40 hours a week of clinical education, depending on the stage of the program curriculum.
2. Complete all assignments on time.
3. Participate in classroom discussions.
4. Perform or instruct others in the following procedures (learned in class) in a timely manner: transfers, gait training, physical agents, activities of daily living, therapeutic exercises or activities, and data collection procedures.
5. Use sound judgment and safety precautions (exposure to bloodborne pathogens and/or infectious disease may occur as part of the educational experience). Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease.

6. Meet class standards for successful course completion.
7. Use critical thinking when making decisions.
8. Follow standards stated in PTA Program Policy and Procedure Manual and the PTA Program Clinical Education Handbook.
9. Address problems or questions to the appropriate person at the appropriate time (follow chain of command).
10. Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate.
11. Behave in a competent, professional manner.

Physical requirements for the PTA Program include the need to occasionally, frequently, or continually:

1. Sit 2-5 hours per day with lecture blocks up to 3 hours.
2. Stand 1-6 hours with lab time blocks up to 3 hours.
3. Lift up to 60 pounds.
4. Push/pull up to 50 pounds of force exerted at waist level.
5. Squat or stoop.
6. Use auditory, tactile, and visual senses to assess physiological status of an individual.
7. Demonstrate good standing and unsupported sitting balance.
8. Demonstrate good finger dexterity
9. Coordinate verbal and manual instructions
10. Communicate effectively and respectfully with a variety of people through written verbal, and nonverbal methods (review communications prior to sending).
11. Use hands repetitively
12. Shift weight in sitting or standing
13. Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.
14. Reach above shoulder level.
15. Kneel, kneel-stand, and half kneel.
16. Use equipment that emits electrical, ultrasonic, and thermal energy.
17. Physically move and transfer patients.

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**DATE**

**PRINTED NAME OF MD/NP**

**SIGNATURE OF MD/ NP**

**PRINTED ADDRESS AND PHONE NUMBER OF MD/NP OR USE STAMP:**