

Bonita Springs Campus
27975 Old 41 Rd, Suite 201
Bonita Springs, FL 34135
Office (239) 992-4624



Training Tomorrow's Professional

Bunnell Campus
1769 E. Moody Blvd, Suite 304
Bunnell, FL 32110
Office (239) 992-4624

Student Physical Form

DATE: _____

_____ has been examined
Name of Applicant (Please Print)

by me and found to be in good physical condition, free of communicable diseases and is physically able to participate in healthcare programs.

Restrictions if any:

Medications if any:

Results of tuberculosis test: Date: _____ Negative: _____ Positive: _____
(Test must be within the past year)

MMR Injection (Measles, Mumps, Rubella) or Titer: Date: _____

Hepatitis B Shots (**recommended, not mandatory**): Dates: _____

Flu Shot Vaccine Date: _____ Tetanus Shot Date: _____

PARAMEDIC STUDENTS ONLY:

Proof of having had Chicken Pox or titer: Date: _____

Physician's Name (Please Print)

Physician's Signature

Address

City State Zip Code (____) _____
Phone Number

Student's Signature

Date