Bossier Parish Community College
Health Status Statement for the Phlebotomy Program

Name:_____ Date of Exam:_____
Date of Birth:_____ Social Security Number:_____
Height:_____ Weight:_____
Allergies:_____
Medications (list over-the-counter and prescribed):_____
_____
_____

Vision: With correction: Right 20/_____ Left 20/_____ Without correction: Right 20/_____ Left 20/_____ Reaction of pupils:_____ Evidence of disease or injury: Right_____ Left _____ Able to see color and shades of color:_____ Able to perceive depth:_____	Hernia:_____ Type:_____ Condition of inguinal rings:_____ Varicocele:_____ Hydrocele:_____ Medical conditions that may require attention during academic attendance, laboratory practice, or clinical rotations: _____ _____ _____
Ears:_____ Hearing with correction: Right _____ Left _____ Hearing without correction: Right ____ Left _____ Nose & throat:_____ Teeth & gums:_____	Lower extremeties:_____ Varicose Veins:_____ Location:_____ Upper Extremeties:_____ Skin:_____
Heart:_____ Hypertrophy:_____ Arrhythmia:_____ Blood pressure S_____/D_____ Murmurs:_____ Pulse:_____	Reflexes: Patellar:_____ Bomberg:_____
Lungs:_____ Abdomen:_____ Spine:_____	Apparent Mental Illness:_____ Any Evidence of Trauma:_____ Deformities:_____

Will the student be able to meet the following Essential Requirements for the Phlebotomy program?

Walk (varying speeds) for prolonged periods:	Yes	No	Maintain good balance with movement:	Yes	No
Sit for prolonged periods of time:	Yes	No	Constantly lift items less than 15 lbs:	Yes	No
Work in a prolonged period of standing:	Yes	No	Occasionally lift items 15 to 20 lbs:	Yes	No
Frequent twisting of body:	Yes	No	Reach above shoulder level:	Yes	No
Kneel frequently:	Yes	No	Constantly carry items less than 15 lbs:	Yes	No
Bend forward frequently:	Yes	No	Occasionally carry items 15 to 20 lbs:	Yes	No
Pull up to 20 lbs:	Yes	No	Constantly carry items greater than 20 lbs:	Yes	No
Push up to 20 lbs:	Yes	No	Climb stairs:	Yes	No

Classify Examinee: Explain Under Remarks, if Classified as II, III, or IV

☐ Class I: Physically fit to perform in the Phlebotomy program.

☐ Class II: Unfit for performance in the Phlebotomy Program.

Remarks:_____
_____
_____

_____ _____
Examining Physician's Signature Examining Physician's Printed Name