Bossier Parish Community College Health Status Statement for the Phlebotomy Program

Name:			Date of Exam:
Date of Birth:		Socia	I Security Number:
Height:	_	Weigh	nt:
Allergies:			
Medications (list over-the-counter and pr	rescribe	ed):	
Vision:			Hernia:Type: Condition of inguinal rings: Varicocele:Hydrocele:
With correction: Right 20/ Without correction: Right 20/	Lef	t 20/	Condition of inguinal rings:
	Lef	t 20/	Varicocele: Hydrocele:
Reaction of pupils:			
Evidence of disease or injury: Right			
Left			academic attendance, laboratory practice, or clinical
Able to see color and shades of color:			
Able to perceive depth:			
Гото			Lawarantiaa
Ears:	1 of		Lower extremeties:
Hearing with correction: Right			Varicose Veins:Location:
Hearing without correction: Right I			Upper Extremeties:
Nose & throat:			Skin:
Teeth & gums:			D. flavor
Heart: Hypertrophy Arrhythmia: Blood pressure	/:	<u></u>	Reflexes:
Arrnythmia: Blood pressure			— Batallan Bankani
			Patellar: Bomberg:
Lungs:			Apparent Mental Illness:
Abdomen:			Arry Evidence or Tradina
Spine:			Deformities:
			I
Will the student be able to meet the fo	ollowin	q Esse	ntial Requirements for the Phlebotomy program?
Walk (varying speeds) for prolonged periods:		No	Maintain good balance with movement: Yes No
1 0 1	Yes	No	Constantly lift items less than 15 lbs: Yes No
	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 Exa	minee:	Explain	Under Remarks, if Classified as II, III, or IV
☐ Class I: Physically fit to perform in the Phle	ebotomy	, prograr	n.
☐ Class II: Unfit for performance in the Phleb	otomy l	Program	
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Remarks:			
Examining Physician's Signature			Examining Physician's Printed Name
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