

↓↓↓ Physical Exam Form to be Completed by Provider ↓↓↓

Dear Provider: As a student in one of UConn's health professions programs, your patient is preparing to begin a clinical or field placement as part of their degree. The student can provide a checklist of requirements to be completed in addition to the physical exam below. Note that all requirements are carefully curated to comply with our agency affiliation agreements. Therefore, some items may differ from standard school admission requirements or recommendations for the general public. Some quick notes that may be helpful:

- **Physical Exam N95 Clearance** – Student does not need an N95 fit test. Physical Exam form below asks you to indicate whether they are medically eligible to be fitted for an N95 mask (required per OSHA guidelines). UConn will arrange for fit testing if required.
- **Titers, boosters, and repeat titers** – Titers required for MMR, Varicella, and Hepatitis B. If student's primary titer is negative/equivocal, they must receive at least one booster and have a repeat titer at the appropriate interval after final booster.
- **Non-Responder** – If student's primary titer is negative/equivocal, they receive booster(s), and their repeat titer is negative, they will be considered a non-responder and will need to submit a completed non-responder form with provider attestation.
- **Tdap vs. Td** – All students must have a current Tdap (within 10 years). Td is not acceptable.
- **Polio (only required for some programs)** – If student's childhood vaccine records are unavailable, they must have Polio 1 and 3 titers or single dose of adult Polio vaccine. We know these items are uncommon. If ordering is causing difficulty, please consider referring student to travel medicine clinic or similar practice.
- **Tuberculosis** – Testing is an annual requirement with IGRA as the preferred option. If student opts for PPD, many programs require two-step PPD with documented implant and read dates for each PPD. If student has history of positive TB test or history of TB, chest x-ray dated within 12 months and annual screening questionnaire with provider attestation are required (see page 4).

Physical Exam – all fields required

Student Full Name: _____ DOB: _____

VITAL SIGNS

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

CHECK NORMAL/ABNORMAL FOR EACH AREA (if abnormal, include description)

	Normal	Abnormal – describe briefly			Normal	Abnormal – describe briefly
Appearance				Lungs		
Nutrition				Heart		
Skin				Abdomen		
Head/Neck				Back		
Glands				Musculo-Skeletal		
Ears/Nose/Throat				Neurological		
Eyes				Psychological		
Mouth/Teeth				Known allergies (if any):		

COLOR VISION SCREENING (6-plate minimum)

Color Vision screening is required for students in **all** UConn clinical and field programs.

☐ Normal ☐ Deficient

CLEARANCE FOR N95 FIT TESTING – Per OSHA guidelines, N95 fit testing requires medical clearance.

Student is medically eligible to be fitted for N95 or other respirator & to wear it while caring for patients. UConn will

☐ Yes ☐ No

arrange for fit testing if necessary for student's clinical/field placement.

Provider Attestation of Student Fitness for Participation in Clinical/Field Experiences

I have reviewed this student's health history and conducted a physical examination. The information on this form is true and accurate to the best of my knowledge. It is my opinion that this student is in satisfactory physical condition to participate fully in clinical experiences required by program of study. Additionally, it is my opinion that the student is free of all communicable diseases. I have noted any limitations below.

Limitations? ☐ No ☐ Yes (please specify): _____

Provider Signature: _____ Date: ____/____/____ Phone: _____

Provider Name (printed): _____ Address or stamp: _____

Provider Type: ☐ MD ☐ DO ☐ APRN ☐ PA _____

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