WASHINGTON STATE COLLEGE OF OHIO

History and Physical Exam

For Respiratory Therapy Technology Program

Name of Applicant _____

Date of Birth _____ Weight _____ Height _____

Physical Exam: To be completed by a physician or trained medical personnel under the supervision of a physician.

Medical	Normal	Abnormal Findings (if any)	Initials
Eyes (Vision)			
Ears, Nose, Throat			
Neck/Lymph Nodes			
Cardiovascular			
Abdomen/Hernias			
Respiratory			
Skin			
Musculoskeletal			
Neurological			
Musculoskeletal/ROM/Strength			
Neck			
Spine/Back			
Shoulders/Arms			
Wrist/Hand			
Hip/Thighs			
Knees/Legs/Ankles			

- **Allergies: _____**
- **List any medications taken frequently: _____**
- **Do you have physical activity limitations? If yes, please explain: _____**

Required Tests

1. **TB Gold**
   - If reactive, a Chest X-ray is required

   Please provide the above testing results to the student for submission to the program's Student Upload Portal.

2. **10 PANEL EXPANDED OPIATE DRUG SCREEN** (either urine or blood is acceptable)
   - Required:
     - Amphetamines
     - THC
     - Cocaine
     - Opiates
     - Barbiturates
     - Benzodiazepines
     - Methadone
     - Oxycodone
     - MDMA/ecstasy
     - fentanyl

   Please provide the above testing results to the student for submission to the program's Student Upload Portal.

I certify that I have examined and spoken to this patient on this date and found them to be medically qualified to participate both physically and emotionally in the ***Respiratory Therapy program***. I also certify that I am a licensed physician or work directly with a licensed physician.

Print Name: _____

Office Address: _____

Telephone: _____

Signature: _____ *Date of Examination* _____

*****Cost of the physical examination, laboratory tests, and immunizations assumed by the applicant. *****

Students:
Submit this completed form to the Student Upload Portal found on the Respiratory Therapy webpage.

RETURN TO STUDENT FOR DOCUMENT UPLOAD

Revised: June 24, 2024