AUSTIN COMMUNITY COLLEGE DISTRICT

Health Sciences

Health Data Form / Physical Exam

DATE OF EXAM MUST BE WITHIN 12 MONTHS OF STARTING PROGRAM.

Indicate program of application:

Applicant information:				
Last Name	First Name	MI	Maiden	
Address Apt.#	City	State	Zip	
ACC E-mail	ACC Student ID			

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

☐ Yes ☐ No

If no, explain:

Student Signature	Date

The following must be completed by a physician, physician's assistant or nurse practitioner:

General Information:			**Date of Exam:**	
Gender: ☐ Male ☐ Female	Height (inches)	Weight (lbs)	Blood Pressure	Pulse

Identify any problems in the following:			
Head, ears, nose, throat	☐ Yes or ☐ No	Genitourinary	☐ Yes or ☐ No
Respiratory	☐ Yes or ☐ No	Musculoskeletal	☐ Yes or ☐ No
Cardiovascular	☐ Yes or ☐ No	Metabolic/Endocrine	☐ Yes or ☐ No
Gastrointestinal	☐ Yes or ☐ No	Neurological	☐ Yes or ☐ No
Hernia	☐ Yes or ☐ No	Skin	☐ Yes or ☐ No
Eyes	☐ Yes or ☐ No	Psychiatric/Emotional	☐ Yes or ☐ No

I have reviewed the copy of the Technical Standards for the above listed program provided by the student.
☐ Yes ☐ No

If problems are present, would they create a limitation in health care delivery? ☐ Yes ☐ No
See program specific technical standards.

Explain:

Physician, Physician's Assistant or Nurse Practitioner Information:		**FACILITY STAMP**
Printed Name		
Address		
Signature Credentials	Date	