MCC
Mohave Community College

Health Requirements
MCC Phlebotomy
Program

SENTRY MD
PreCheck
Investigate further.

PART IV STUDENT PHYSICAL FORM

Section 1 (to be completed **by student.**

Name (print): _____ **Date of Birth** __/__/

Allergies: _____

Medications currently taking: _____

Section 2 (to be completed by **Healthcare Provider)**

Height: _____ **Weight** _____ **Pulse** _____ **BP** _____/_____

Medical	**Normal**	**Abnormal Findings**
Appearance	❒	
Eyes/Ears/Throat/Nose	❒	
Hearing	❒	
Lymph Nodes	❒	
Heart	❒	
Murmurs	❒	
Pulses	❒	
Lungs	❒	
Abdomen	❒	
Skin	❒	
Musculoskeletal	**Normal**	**Abnormal Findings**
Neck	❒	
Back	❒	
Shoulder/Arm	❒	
Elbow/Forearm	❒	
Wrist/Hands/Finger	❒	
Hip/Thigh	❒	
Knee	❒	
Leg/Ankle	❒	
Foot/Toes	❒	

Notes: _____

❒ Cleared Without Restrictions

❒ Not Cleared for Reason _____

Recommendations _____

	Healthcare Provider's Stamp Here
Healthcare Providers Name and Title (Please Print)	
Healthcare Providers Signature Date	

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2-Step/Annual Tuberculosis TB Screening Form

Recipient Name: _____ Date: _____

(Please Print)

Tuberculosis (TB) Screening Policy

❒ **Initial 2 – Step Tuberculosis (TB) Screening**

All Phlebotomy students are required to have an initial 2-step TB screening, QuantiFERON-TB Gold blood test, or a chest x-ray upon admission to the program. If the test reading is negative, the second test is performed 1-3 weeks later. If the second test is positive the person is classified as "previously infected" and cared for accordingly.

PPD Test #1		**PPD Test#2**	
Name of person giving the test:		Name of giving the test:	
First Name Last Name		First Name	Last Name
Date and time administered		Date and time administered	
Location (Circle)	L forearm R forearm	Location (Circle)	L forearm R forearm
Tuberculin Manufacturer		Tuberculin Manufacturer	
Tuberculin exp. and lot #		Tuberculin exp. and lot #	
Administrator signature		Administrator signature	
Results (48-72 Hours)		**Results (48-72 Hours)**	
Date and time read		Date and time read	
Location (Circle)	L forearm R forearm	Location (Circle)	L forearm R forearm
Number of mm of induration: (across forearm)	_____mm	Number of mm of induration: (across forearm)	_____mm
Interpretation of reading(circle)	Positive Negative	Interpretation of reading(circle)	Positive Negative
Reader's Signature		Reader's Signature	

COVID 19 Vaccine Form

COVID 19 vaccines are required. Medical or religious exemptions may be allowed with proper documentation.

COVID 19 Vaccine Manufacturer: _____	1st Dose: ____/___/____	2nd Dose: ____/___/____	Booster Dose: ____/___/____

Proof of Vaccination Required: Submit a copy of your COVID-19 Vaccination Record Card with this form.