



**Allied Health and Nursing Student
Medical Form**

Identify your program of study (X):

Diagnostic Medical Sonography ___; Health Information Management ___; Nursing ___;

Physical Therapist Assistant ___; Radiologic Technologist ___; Surgical Technologist ___

Last Name – First Name – Middle Name	MC ID #
Home Address (# Street, PO Box, Apt)	Cell Phone #
City/Town, State, Zip)	Home Phone #
Personal Email Address:	MC Email Address: _____@montgomerycollege.edu
Date of Birth (MM/DD/YYYY)	Gender: Male ___ Female ___ Other ___
Emergency Contact Person Name:	Emergency Contact Cell Phone #
<p>Circle YES or NO</p> <ol style="list-style-type: none"> 1. Do you wear glasses or contact lenses? YES / NO 2. Do you have vision in both eyes? YES / NO 3. Do you wear a hearing aid or have hearing loss? YES / NO 4. Do you require the use of interpreter services? YES / NO 5. Do you require assistive devices to walk? YES / NO <p>Answering YES to 3 – 5 may result in a referral to Disability Support Services for consultation.</p>	
List all allergies: (Environmental, Latex, Medications, Foods)	
Student Signature	Date

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This section (pages 2 & 3) is to be completed by the Licensed Medical Provider.

Technical Standards: The student must possess sufficient physical and emotional functional abilities with or without reasonable accommodations. Following a health history and comprehensive physical examination, please determine if this student demonstrates these abilities. If “NO” is checked, please provide an explanation and suggested accommodation(s) on a separate document. Answering “NO” to any standard may result in a Disability Support Services referral. If an accommodation is recommended, the student will be referred to Montgomery College’s Disability Support Services for a consultation.

Last Name – First Name – Middle Name		Date of Birth (MM/DD/YYYY)
YES	NO	Technical Standard
		<p>1. Vision: Corrected or uncorrected</p> <ul style="list-style-type: none"> a. Able to demonstrate sufficient peripheral vision to function while interacting with patients. b. Able to distinguish multiple color variations in hues, tone, or brightness. c. Sufficient acuity to read instruments with small print (sphygmomanometers, goniometers, gauges) <p><i>Additionally, Radiologic Technology students must be able to evaluate images distinguishing between black, white, and shades of gray.</i></p>
		<p>2. Hearing: With or without hearing aid(s)</p> <ul style="list-style-type: none"> a. Able to hear and respond to patients, staff, and others. b. Able to hear audible signals on equipment in the clinical environment and understand muffled communication without visualization of the communicator’s mouth / lips within 20 feet.
		<p>3. Olfactory: Able to detect odors sufficient to assess and maintain patient comfort and safety.</p>
		<p>4. Tactile:</p> <ul style="list-style-type: none"> a. Able to utilize the sense of touch to provide patient care, palpate anatomical landmarks, position patients, conduct assessments, and administer treatments. b. Able to manipulate files, switches, dials, touch screens and keyboards.
		<p>5. Strength and Motor Skills:</p> <ul style="list-style-type: none"> a. Able to perform patient care activities with moderate physical effort. b. Able to lift, push, or pull up to 35 lbs. c. Able to handle patients including lifts, rolls, transfers, etc. with the use of mandatory Safe Patient Lifting Equipment. d. Able to perform CPR and respond to emergency situations. e. Able to assist with and or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.

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Last Name – First Name – Middle Name		Date of Birth (MM/DD/YYYY)
YES	NO	6. Fine Motor Skills: a. Able to manipulate instruments, supplies, and equipment with precision, dexterity, with good hand-eye coordination. b. Able to perform patient care, utilize equipment and documentation systems in the clinical environment. <i>Additionally, Surgical Technology students must be able to load a fine (10-0) suture in to needles and needle holders.</i>
		7. Physical Endurance: a. Able to walk, stand, or sit for prolonged periods; to walk, stand, bend, lift, reach without assistive devices.
		8. Communication: a. Able to speak, read, comprehend, convey information, type and write effectively using English language. b. Able to demonstrate appropriate interpersonal skills during patient, staff, and faculty interactions.
		9. Emotional Stability: a. Able to manage patients with physical and/or emotional trauma. b. Able to function effectively under stressful or emergent situations, adapt to changing conditions, and remain productive and capable throughout.
		10. Cognitive Ability: a. Utilize critical thinking skills to implement, modify or evaluate patient care. b. Ability to collect, analyze and integrate information and knowledge to make clinical judgements. c. Ability to compile and evaluate data on patients' responses to treatment and progress. <i>Additionally, Surgical Technology students must possess short-and long-term memory sufficient to perform tasks such as but not limited to mentally tracking surgical supplies and performing anticipation skills intraoperatively.</i>

Licensed Medical Provider Statement: I obtained a health history and performed a comprehensive physical examination on this student. I found their health sufficient to meet the technical standards and determine this student can participate in the allied health / nursing clinical practice, either with or without reasonable accommodation(s) for a disability.

Licensed Medical Provider Printed Name & Title	Facility Address
Licensed Medical Provider Signature	
Date	Facility Phone

This page is to be completed by the Licensed Medical Provider.

Dear Licensed Medical Provider,

Our clinical affiliates require us to provide an attestation that our students meet the same health clearances required of their employees. Please assist us in meeting these requirements by completing / ordering the following:

Annual Requirements

- Medical History & Physical Assessment using this form pages 2-3 signed and dated.
- Complete Blood Count (CBC) – need printed report of laboratory results
- Urinalysis – need printed report of laboratory results
- Seasonal influenza vaccination administered August – May.
- COVID-19 vaccination* (frequency as indicated by FDA and CDC guidance)
- Tuberculosis (TB) screening
 - Initially, the student may submit lab results for IGRA blood testing (QuantiFERON-TB Gold/T spot) **or**
 - 2-step PPD test (completed within 30 days of each other) is required prior to admission to the health science program.
 - Then an annual one step PPD is then required, based on date of second PPD in the 2-step process or the date of the lab results for IGRA.
 - If history of positive PPD, chest x-ray (within one year of admission date) results and documentation that the student is free of symptoms of TB (positive PPD statement) are required.
 - Those vaccinated with BCG should submit lab results for IGRA blood testing.

Proof of immunization and/or immunity (positive titers within last 5 years) Documentation of administration of the immunization and/or a printed report of laboratory titer results must be submitted. Documentation of immunizations or the disease as a child (less than 19 years of age) is not acceptable to meet clinical affiliate requirements.

- Hepatitis B
 - If immunized, a titer must be drawn to determine immunity.
 - If non-immune or not immunized, the 2 or 3 injection series should be started.
 - After completion of the series, a titer must be drawn in 6-8 weeks to determine immunity. If titer shows non-immunity, the student must restart the series. After a total of 6 immunizations, the titer is still non-immune, the student will be a “non-responder”.
- Measles, Mumps and Rubella (MMR)*
 - If immunized, a titer must be drawn to determine immunity for each.
 - If non-immune to one disease, administer 2-dose series at least 4 weeks apart for measles or mumps or at least 1 dose for rubella.
- Varicella*
 - If immunized or had the disease, a titer must be drawn to determine immunity.
 - If non-immune, administer 2-dose series 4-8 weeks apart
- Tdap (Tetanus, Diphtheria, Pertussis)
 - Tdap required every 10 years

**If immunization is contraindicated, please provide a note from the licensed medical provider.*