Pharmacy Technician Program
Physical Examination Form

To be completed by Health Care Provider (MD, DO, NP, PA, CNM)

Patient Name ____________________________

Height _____ Weight _____ Blood Pressure ____/____ Pulse _____ Respiratory _______

Vision: Uncorrected: R _____ L _____ B _____ Corrected: R _____ L _____ B _____

Glasses: YES NO Contacts: YES NO

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal with Findings</th>
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</thead>
<tbody>
<tr>
<td>General Appearance</td>
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<tr>
<td>Skin</td>
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<td>Head/Ears/Eyes/Nose/Throat</td>
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<td>Neck</td>
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<tr>
<td>Thorax and Lungs</td>
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<td>Heart</td>
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<td>Spine and Back</td>
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<td>Abdomen</td>
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<td>Extremities/Peripheral Vascular</td>
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<td>Musculoskeletal</td>
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<td>Neurologic</td>
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IMMUNIZATIONS

The following immunizations are required for entry and continuance in the COS Pharmacy Technician Program.

A copy of immunization records and/or lab results is **REQUIRED** to be included with this Physical Exam Form.

**MMR (Measles, Mumps, Rubella)**
2 doses required **OR** positive immunity titer

**Varicella (Chicken Pox)**
2 doses required **OR** positive immunity titer

*A note from a doctor/parent stating the student has had the chicken pox will not be accepted*

**Hepatitis B Series**
3 doses required OR positive immunity titer

**TB Skin Test**
2-step procedure upon initial entry into the Pharmacy Technician Program
(2nd test should be given 1-3 weeks after first test)

*If you are PPD reactor, please attach a copy of chest x-ray results. If chest x-ray is over 12 months, a completed and signed TB Surveillance Form must be included.

**Td/Tdap (Tetanus/Diphtheria/Pertussis)**
1 dose required

*All adults who have completed a primary series of a tetanus/diphtheria containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years.*
I have read the Student Essential Technical Standards listed for the COS Pharmacy Technician student and verify that this individual is able to meet the physical demands as described above.

Health Care Provider Signature: ________________________________________________________ Date: _____________________________

Print Name: ___________________________________________

Address: ______________________________________________

Phone Number: _______________________________________

Attach Health Provider Business Card Here

Upon admission, a candidate who discloses a disability and requests accommodation will be asked to provide documentation of his or her disability for the purpose of determining appropriate accommodations, including modification of the program. The College will provide reasonable accommodations, but is not required to make modifications that would substantially alter the nature or requirements of the program or provide auxiliary aids that present an undue burden to the College. To matriculate or continue in the curriculum, the candidate must be able to perform all the essential functions outlined in the Student Essential Technical Standards either with or without accommodations.

I have read the Student Essential Technical Standards listed for the COS Pharmacy Technician student and verify that this individual is able to meet the physical demands as described above.