Clarkson College

Prepare to be the best.

HEALTH & SAFETY- PHYSICAL EXAMINATION

This form is to be completed by a primary health care provider (MD, NP, PA)

____ ___________________

(Student Name – Please Print) (Date of Birth)

Physical Exam:

To Certifying Official: This individual has been accepted as a student at Clarkson College. He/She plans to attend one of our health science programs. During the learning program he/she will be working with patients and may be vulnerable to certain health risks.

a. ____ I certify that I have completed a health examination of the above named individual within the past year and find the individual in good health and able to pursue any learning activities with high-risk health groups.

b. ____ I am indicating below if the individual examined has any health conditions Clarkson College should know about. This will allow Clarkson College to plan learning experiences accordingly:

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Certified by:

Health Care Provider Name (Please Print): ____ Date: _________________

Health Care Provider Signature: ____

Office Address: ____Office Phone Number: ____________________

Return Completed Form To: CertifiedProfile

CC HS Form 1

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