



HOWARD COLLEGE

DENTAL HYGIENE

1001 Birdwell Lane • Big Spring, TX 79720 • (432) 264-5065 • Fax (432) 264-5630

Physical Examination of Applicant (COMPLETE BETWEEN SEPT. 1 – FEBRUARY 1 OF CURRENT APPLICATION CYCLE)

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Eyes: _____	Ears: _____	Nose: _____
Sinuses: _____	Tonsils: _____	Lymph Nodes: _____
Thyroid: _____	Skin: _____	Heart: _____
Lungs: _____	Abdomen: _____	Hernia: _____
Feet: _____	Varicose Veins: _____	Posture: _____
Spinal Curvature: _____	Reflexes: _____	Dizziness/Fainting: _____

Previous Surgery: _____

Allergies (drugs/latex): _____

Vaccinations, Titers, and Tests: Refer to the Immunization Tracking Form for program guidelines. Proof of vaccines/tests will be submitted to the tracking entity at a later date if accepted into the program.

Hepatitis B: Date: 1st _____ 2nd _____ 3rd _____ **OR** Date of Titer _____ Results: NEG POS

Varicella: Date: 1st _____ 2nd _____ **OR** Date of Titer: _____ Results: NEG POS

Measles/Mumps/Rubella Date: 1st _____ 2nd _____ **OR** Date of Titer: _____ Results: NEG POS

T-dap Date: _____

Bacterial Meningitis Date: _____

Influenza Date _____ (Optional)

TB Skin Test, TB Blood Test, or TB Chest X-ray **(Circle One)**

Date Taken: _____ Date Read: _____ Result: _____

Printed Name of Examining Physician/PA/NP

Address

Signature of Examining Physician/PA/NP

City, State, Zip Code

Clinic Stamp if indicated

Telephone Number