



Trenholm State
COMMUNITY COLLEGE

RESPIRATORY CARE THERAPY PROGRAM
PHYSICAL EXAMINATION FORM

NOTE: The use of "white-out or other correction fluid is not acceptable on this document.

NAME Jayla Blue

DATE 12/9/2020

DATE OF BIRTH 11/4/1998

1. Are there any known emotional problems that would affect progress in the Respiratory Therapy program or participation in clinical Respiratory Therapy activities?

No ☒ Yes ☐ if so, please specify _____

2. Are there allergies that could be exacerbated by the clinical environment or activities?

☒ No ☐ Yes (if so, please specify _____)

3. **Physical Examination** (Comment on each abnormal checked in space provided)

Skin	Normal	Abnormal	_____
Head, Face, Neck	Normal	Abnormal	_____
Nose & Sinuses	Normal	Abnormal	_____
Mouth & Throat	Normal	Abnormal	_____
Lung & Chest	Normal	Abnormal	_____
Heart	Normal	Abnormal	_____
Vascular System	Normal	Abnormal	_____
Abdomen	Normal	Abnormal	_____
Endocrine System	Normal	Abnormal	_____
Spine	Normal	Abnormal	_____
Neurologic	Normal	Abnormal	_____
Vision	Normal	Abnormal	_____
Hearing	Normal	Abnormal	_____

Temp 97.5 BP 108/74 Pulse 85
Resp 16 HT 183 WT 159.4

4. Is this person under a doctor's care for any physical or mental condition? No ☒ Yes ☐ if so, Please specify _____

5. Is this person taking medication for any physical or mental condition at this time?

No ☒ Yes ☐ If yes, list medication/and dosage/s _____

H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE OF RESPIRATORY
CARE THERAPY ENTRANCE HEALTH EXAMINATION

NOTICE: All sections must be completed.
Form must be signed by a licensed health care provider,
Copies of medical records, lab reports and incomplete forms will NOT be accepted.

Last Name _____ First Name _____ MI _____

Date of Birth _____

TUBERCULIN STATUS:

2-Step Tuberculin Skin Test (TST)

Step One

Date

01/08/20

Results:

☒ Negative

☐ Positive

Then, within 1-3 weeks after Step One:

Step Two

Date

01/10/20

Results:

☒ Negative

☐ Positive

If Positive TST:

Chest X-Ray Date _____

Results _____

Isoniazid Prophylaxis: ☐ No ☐ Yes Dates _____

Comments: _____

ANTIBODY TITERS: Must be completed and interpreted by the health care provider. If titers indicate not **immune** or equivocal-booster vaccination(s) is/are required.

1. Measles (Rubeola) Titer

Date:

01/22/19

☒ Immune

☐ Not Immune

If not immune, Booster Vaccine

Dates: 1 _____

2 _____

(two doses at least 4 weeks apart)

2. Mumps Titer

Date:

01/02/2019

☒ Immune

☐ Not Immune

If not immune, Booster Vaccine

Dates: 1 _____

2 _____

(two doses at least 4 weeks apart)

3. Rubella Titer

Date:

01/02/2019

☒ Immune

☐ Not Immune

If not immune, Booster Vaccine

Dates: 1 _____

2 _____

(two doses at least 4 weeks apart)

4. Varicella (Chicken Pox) Titer

Date:

01/02/19

☒ Immune

☐ Not Immune

If not immune, Booster Vaccine

Dates: 1 _____

2 _____

(two doses at least 4 weeks apart)

IMMUNIZATIONS:

1. HEPATITIS B Date #1 12/4/98 Date #2 1/5/99 Date #3 9/8/99
Hepatitis-Lab drawn Date _____ Immunity _____

2. POLIO VACCINE Date #1 1/15/99 Date #2 3/5/99 Date #3 3/6/00
Polio Dates or Titer _____ #4 3/16/04

3. TETANUS/DIPHTHERIA/PERTUSSIS VACCINE (Tdap):

Date of Tdap Vaccination 12/09/2020

If the last Tdap was 10 years or more, tetanus diphtheria (Td) is required

Date of Td vaccination -----

TO BE COMPLETED BY HEALTH CARE PROVIDER

I have completed-a health history and physical examination.

In my opinion, Jayla Blue is free of communicable disease and is able to meet the physical and mental demands associated with typical clinical nursing experiences.

☒ is able to participate in clinical respiratory experiences without restrictions.

☐ is able to participate in clinical respiratory experiences with the following restrictions:

Restrictions _____

Health Care Provider Information

I certify that as of this date 12/10/20 I have examined Jayla Blue and found this person to be free of communicable diseases and physically able to carry out nursing functions in a clinical setting.

Name (printed) Lindsey Barton Telephone# 244-3281
Signature [Signature] Date 12/10/20
License# 1-106553 State: AL

Note: The Trenholm Nursing program requires that the physician include a tuberculin skin test or chest x-ray. Trenholm Nursing program should be notified if finding represent a hazard with whom the client would come in contact with. Providing any false information will be grounds for denial of admission to the program or grounds for dismissal.



Vaccination and Certification Summary

Participant: Jayla R Blue

Birth Date: 11/04/1998

Clinical services provided and/or recorded by Baptist Health 400 Taylor Rd. Montgomery, AL 36117; 2105 E. South Blvd. Montgomery, AL 36111; 200 S Memorial Dr. Prattville, AL 36067. Contact (334) 286-2739 for additional information.
Record/Results Printed: 12/10/2020 12:53:19 PM

Vaccination or Certification	Received Date	Renewal Date	Result or Series
BH HEPATITIS B			
HEPATITIS B IMMUNIZATION RECORD	02/05/2019		REVACCINATION - SECOND DOSE
HEPATITIS B TITER RECORD	01/06/2020		POSITIVE
BH INFLUENZA MV			
SEASONAL FLU VACCINATION RECORD	10/10/2020		
SEASONAL FLU VACCINATION RECORD	10/08/2019		
BH MEASLES, MUMPS, RUBELLA			
MEASLES (RUBEOLA) TITER RECORD	01/02/2019		POSITIVE
MEASLES, MUMPS, AND RUBELLA (MMR) IMMUNIZATION RECORD	03/16/2004		SECOND DOSE
MUMPS TITER RECORD	01/02/2019		POSITIVE
RUBELLA TITER RECORD	01/02/2019		POSITIVE
BH RESPIRATOR USER			
RESPIRATOR FIT TESTING	11/30/2020		
RESPIRATOR FIT TESTING	01/06/2020	01/13/2021	
BH TDAP			
TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP) IMMUNIZATION RECORD	09/28/2010		BOOSTER
BH TUBERCULOSIS			
TUBERCULIN SKIN TEST (TST) READING RECORD	01/16/2020	01/13/2021	NEGATIVE
TUBERCULIN SKIN TEST (TST) READING RECORD	01/08/2020		NEGATIVE
TUBERCULOSIS (TB) SYMPTOM REVIEW	11/30/2020		
TUBERCULOSIS (TB) SYMPTOM REVIEW	01/06/2020	01/13/2021	
TUBERCULOSIS TST APPLICATION RECORD	01/14/2020		TST APPLIED: SECOND OF TWO (TWO-STEP) (PRE-PLACEMENT)
TUBERCULOSIS TST APPLICATION RECORD	01/06/2020		TST APPLIED: FIRST OF TWO (TWO-STEP) (PRE-PLACEMENT)
BH VARICELLA			
VARICELLA (CHICKENPOX) IMMUNIZATION RECORD	09/28/2010		SECOND DOSE
VARICELLA (CHICKENPOX) TITER RECORD	01/02/2019		POSITIVE

This Electronic Health Record was generated by the ReadySet Employee Health System.
This Electronic Health Record contains personal health information and is intended for authorized healthcare personnel only.
Contact Baptist Health Employee Health Services for more information.

ADULT IMMUNIZATION RECORD

Allergies:
Reactions:

Name: BLUE, JAYLA RENAE

DOB: 11/04/1998

Chart #:

Date of Service: 12/09/2020

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTAP	01/05/99	2 m	0.5					
	DTAP	01/15/99	2 m	0.5					
	DTAP	03/05/99	4 m	0.5					
	DTAP	05/21/99	6 m	0.5					
	DTAP	03/06/00	16 m	0.5					
	DTAP	03/16/04	5 y	0.5					
	TDAP	09/28/10	11 y	1.0					OUTSIDE CLINIC
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	01/22/16	17 y	0.5	IM	MSD			OUTSIDE CLINIC
	HEP A	09/22/16	17 y	0.5	IM	MSD	M027879		OUTSIDE CLINIC
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B UNS	12/04/98	1 m	0.5					
	HEP B ADOL/PED	01/05/99	2 m	0.5					
	HEP B UNS	01/15/99	2 m	0.5					
	HEP B UNS	09/08/99	10 m	0.5					
Human Papillomavirus (e.g., HPV)	HPV9	01/22/16	17 y	0.5	IM	MSD	L045711		OUTSIDE CLINIC
	HPV9	09/22/16	17 y	0.5	IM	MSD			OUTSIDE CLINIC
Measles, Mumps, Rubella (MMR, MMRV)	MMR	12/06/99	13 m	0.5					
	MMR	03/16/04	5 y	0.5					
Meningococcal (MCV4, MPSV4)	MCV4P (MENACTRA)	09/28/10	11 y	1.0					OUTSIDE CLINIC
	MCV4P (MENACTRA)	01/22/16	17 y	0.5	IM				OUTSIDE CLINIC
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	01/05/99	2 m	0.5					
	IPV	01/15/99	2 m	0.5					
	IPV	03/05/99	4 m	0.5					
	IPV	03/06/00	16 m	0.5					
	IPV	03/16/04	5 y	0.5					
Varicella (Var, MMRV)	VARICELLA	12/06/99	13 m	0.5					
	VARICELLA	09/28/10	11 y	1.0					OUTSIDE CLINIC
Influenza (e.g., TIV, LAIV)	LAIV4	11/10/14	16 y	0.2		MED			OUTSIDE CLINIC
	IIV4 - P FREE	09/22/16	17 y	0.5	IM	SKB	B5592		OUTSIDE CLINIC
	IIV4 MDCK P-FREE	10/10/18	19 y	0.5		SEQ			
Zoster									
Other	HIB (PRP-OMP)	01/05/99	2 m	0.5					
	HIB UNS	01/15/99	2 m	0.5					
	HIB UNS	03/05/99	4 m	0.5					
	HIB UNS	05/21/99	6 m	0.5					
	HIB UNS	03/06/00	16 m	0.5					

WARHAWK HEALTH SERVICES
7461 EAST DRIVE
RM 102 MOORE HALL
MONTGOMERY, AL36117
334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		