



**Saddleback College Health Science and Human Services
Physical Evaluation and Recommendation**

Applicant Name: _____

Date of Birth: _____

To the Applicant - Complete the Medical History below BEFORE your appointment:

Have you ever had or do you currently have?	NO	Yes (explain)
Impaired hearing		
Impaired vision		
Shortness of breath on exertion		
Pain, pressure or tightness in the chest		
Fainting spells, dizziness or blackouts		
Excessive weakness or fatigue		
Epilepsy or seizures		
Severe depression and/or anxiety		
Addiction to narcotics, alcohol or other illegal drugs		
Low back pain or a "slipped disc"		
Joint pain		

Medical Documentation: To Be Completed by Medical Provider ONLY

Vision: OD 20/____ OS 20/____ OU 20/____

Check One: Corrected Uncorrected

Areas evaluated	Normal	Abnormal/Findings
Eyes		
Ears, Nose, Throat		
Heart, Lungs		
Spine		
Range of Motion: Back/Extremities		
Neurological Status		
Emotional Status		

Check one:

- I certify this student meets the physical standards described in the attached Program's Technical Standards and Instructions for Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Program.
- I recommended the following disability related accommodations: _____

- Conditionally qualified for program placement. Student must obtain written medical clearance from a private Licensed Healthcare Provider or specialist for the following reasons: _____

- Not qualified for program placement for the following reasons: _____

**** Provider's Signature and Date****

**I hereby authorize release of all records of my examination to
the Health & Wellness Center at Saddleback College**

Provider's Office Stamp

Applicant's Signature