

**University of Louisville**  
**MEDICAL EXAMINATION for ADMISSION TO STUDENT TEACHING\***

Section 1 – To be completed by UofL teacher-candidate

Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 2 – To be completed by health care professional

**PHYSICAL**

- |                              |                          |             |
|------------------------------|--------------------------|-------------|
| 1. General Appearance _____  | 7. Blood Pressure _____  | Pulse _____ |
| 2. Eyes _____                | 8. Lungs _____           |             |
| 3. Ears, Nose & Throat _____ | 9. Abdomen _____         |             |
| 4. Teeth & Gums _____        | 10. Nervous System _____ |             |
| 5. Thyroid _____             | 11. Extremities _____    |             |
| 6. Heart _____               | 12. Other _____          |             |

I have examined the above named teacher-candidate and found nothing to prevent the performance of his/her student teaching duties.

**--OR--**

I have examined the above named teacher-candidate and found exceptions that could prevent the performance of his/her student teaching duties (specify): \_\_\_\_\_

\_\_\_\_\_  
Signature (Physician/PA/APRN)

\_\_\_\_\_  
Date of Examination

**TUBERCULOSIS RISK FACTOR ASSESSMENT**

**Date** tuberculosis test administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Circle** type of TB test: TST BAMT Other (specify type if other) \_\_\_\_\_

**Date** tuberculosis test results read: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Yes  No High risk for Tuberculosis infection
- Yes  No Referred to local health department for further TB infection evaluation
- Yes  No Chest X-Ray (if "yes", date of chest X-Ray: \_\_\_\_\_)

Signature & credential of test administrator: \_\_\_\_\_