



University of Louisville
MEDICAL EXAMINATION for Admission to Student Teaching*

Name _____ Date of Birth ____/____/____ Sex: M F

Address _____ Telephone _____

HISTORY

Medical (All serious medical and psychiatric diseases: Diabetes, Epilepsy, Heart Disease, etc. _____

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 _____ | Other _____ |

Tuberculosis Risk Factor Assessment

- Yes No High risk for Tuberculosis infection
- Yes No Referred to local health department for further TB infection evaluation
- Yes No Tuberculosis test performed (specify: _____TST/_____BAMT)

_____ Date of chest X-Ray

No further follow-up unless signs/symptoms of Tuberculosis infection develop

I have examined _____ and found nothing to prevent the performance of his/her duties, except as follows:

Date of Examination

Signature (Physician/PA/ARNP)

*16 KAR 5:040. Admission, placement, and supervision in student teaching. **Section 3. Admission to Student Teaching (1) A record or report from a valid and current medical examination, which shall have included a tuberculosis test, shall be placed on file with the admissions committee.** Return this form to the Office of Educator Development and Clinical Practice to Donna Oakes in Room 255 or Danna Morrison in Room 261 or email to dsoake01@louisville.edu or danna.morrison@louisville.edu