NORTHEAST
MISSISSIPPI COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

Division of Health Sciences • 101 Cunningham Blvd • Booneville, Mississippi 38829
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NORTHEAST MISSISSIPPI COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Medical Examination

Full Name: _____
(Last) (First) (Middle/Maiden)

Address: _____
(Street, Apt #) (City) (State) (Zip Code)

Student ID: _____ Date of Birth: _____

* *

MEDICAL HISTORY (**To be completed by the client/student**): Do you presently have or have you ever had a history of any of the following? Please mark either yes or no for each section. Any 'yes' answers **MUST** be described in the comments section.

	YES	NO		YES	NO
1. Heart Disease			13. Lung Disease		
2. Kidney Disease			14. Musculo-Skeletal Disorders		
3. Cancer			15. Childhood Diseases		
4. Hypertension			16. Difficult Pregnancy		
5. Diabetes			17. Allergies		
6. Mental/Emotional Disorder			18. Other Diseases (list)		
7. Neurological Disorder			19. Hospitalizations		
8. Seizures (Epilepsy)			20. Serious Illness		
9. Cognitive Disorder			21. Liver Disorders		
10. Immune Disorder			22. Are you presently under the care of a physician? (*explain*)		
11. Blood Disorder			23. Lifestyle habits/practices (*list*) i.e., smoking, alcohol use, etc.		
12. Are you currently receiving any therapy/medication? (*list*)			24. Vision Problems / Hearing Problems / Speech Problems		

COMMENTS (Identify by reference number):

_____

_____

_____

_____

_____

_____ _____
(Signature of Client/Student) (Date)

Name of client: _____ **Date of Physical Exam:** _____

TO PRIMARY CARE PROVIDER: Each item on the pre-entrance medical form must be completed in order to meet contractual guidelines of affiliating agencies and the health sciences programs. If you do not provide diagnostic services for any of the requested data, please refer the applicant to the appropriate agency. Thank you.

Academic Head, Division of Health Sciences

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PHYSICAL EXAMINATION (Must be completed by the PRIMARY CARE PROVIDER);

General State of Health _____

Vital Signs: Temp _____ Pulse_____ Resp_____B/P_____

Nutritional Status _____

Mental Status_____

Skin _____

Head (and neurologic status) _____

Eyes, Ears, Nose, Throat (describe vision / hearing / teeth) _____

Lungs_____

Heart (rhythm, murmur, rub) _____

Breasts_____

Abdomen _____

Musculoskeletal _____

Genitourinary (please include menstrual history, bowel / bladder problems) _____

Hemoglobin or Hematocrit Test: _____ Date:_____ Results: _____

Statement of Eligibility <u>(to be completed by the Physician / Nurse Practitioner)</u>

Health Sciences/Nursing is "a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements."

(Southern Council on Collegiate Education for Nursing Task Force)

A person practicing in the health sciences must have intellectual, interpersonal, and communication skills. In addition, certain other abilities are necessary including: (1) emotional stability sufficient to assume responsibility / accountability for actions; (2) fine motor ability sufficient to perform skills such as picking up, grasping, and manipulating small objects with the hands; (3) physical mobility and strength sufficient to move about on a nursing unit and participate in client care (this involves lifting , standing, stooping, pushing); (4) physical stamina sufficient to perform client care for the length of a work shift; (5) auditory ability sufficient for assessment of client health; and (6) visual acuity sufficient to see objects, to read fine print, and to distinguish color.

(*National Council of State Boards of Nursing*)

Based on this history and physical assessment, it is my opinion that_____ should be able to meet the requirements identified above.

Based on this history and physical assessment, it is my opinion that_should be able to meet the requirements identified above with the exception of_____with the following restriction _____or recommendations _____ .

_____ _____ _____

(signature) **(title)** **(date)**

_____ _____

(address) **(telephone)**

HEALTH REQUIREMENTS

Required immunization documentation should be submitted on a State Public Health Form 121, easily accessible to all clinics and health departments. *Receipts are not acceptable documentation.*

1. **Physical Examination:** Print the forms from https://www.nemcc.edu/health-sciences/student-forms/index.html. Page 1 is completed by the student, with page 2 being completed by the student's healthcare provider. Your exam must also include results from a hemoglobin or hematocrit lab test.

2. **Drug screen:** Documentation of a negative 9-panel (or above) drug screen.

   ***If you have a **POSITIVE** Drug Screen – you must have an MRO (Medical Review Officer) attest and sign off as to why you take the medication, and submit to your program director for approval.*

3. **TB Testing:** QuantiFERON®Gold blood test.

4. **Rubella vaccination:** (validate by one of the identified methods below. **NOTE:** the vaccine is contraindicated with pregnancy or conception within 3 months of immunization):
   a. Documentation of 2 (two) immunizations
   b. OR documentation of a positive rubella titer
   c. OR birth before 1957.

5. **Hepatitis B vaccinations:** (validated by one of the identified methods below):
   a. Documentation of 3 (three) immunizations (completed, or in process of receiving all 3 at the recommended time intervals)
   b. OR documentation of a positive Hepatitis B titer

6. **TDaP (tetanus/diphtheria/pertussis):** Documentation of TDaP vaccination since childhood DTaP (usually given around the age of 11-12), **AND** a tetanus containing vaccine within the last ten years. Example-if your TDaP was not received in the past 8 (eight) years, it won't carry you through graduation so you will be required to receive a TD (tetanus) booster.

7. **Varicella (chicken pox) vaccination:** (validated by one of the identified methods below)
   a. Documentation of 2 (two) varicella vaccinations
   b. OR documentation of a positive varicella titer

8. **Influenza (Flu) vaccination:** This will be required by October 1st each year. (Please wait till September to start taking flu vaccination.)

(Revised 1/9/2026)