Name:

Student ID: **Birthdate:** MM DD YY

Complete and upload this form to apps.exxat.com

Physical Assessment (to be completed by personal health care provider)		
This patient has sensation sufficient to monitor a pulse.	◯ yes	◯ no
This patient has strength sufficient for lifting 5 to 40 pounds.	◯ yes	◯ no
*If the patient is unable to lift 40 pounds, what is their maximum lifting ability?		lbs
This patient has the ability to upright kneel and assume a hands and knees position and maintain these positions for several minutes.	◯ yes	◯ no
This patient has allergies that may be irritated by work performance.	◯ yes	◯ no

Vision Assessment

Acuity	**Uncorrected**	**Corrected**
Right eye	20/	20/
Left eye	20/	20/

MM DD YY

Hearing Assessment

Patient must perceive a forced whispered voice > 5 feet with or without a hearing aid. ◯ yes ◯ no

Record distance from patient at which forced whispered voice can first be heard.

Right ear	ft	Check if hearing aid is required to meet the standard.	◯
Left ear	ft	Check if hearing aid is required to meet the standard.	◯

This patient has had a recent physical. I find this patient in good health and free of communicable disease. This patient has no lifting restrictions at this time.	Date of physical MM DD YY

Licensed Professional's Name	Licensed Professional's Signature	Signature Date
Office Stamp	Office email	Office Phone Number

Required: *This section to be completed by student

I give University Health Services permission to share information on Physical Assessment with the University of Cincinnati, College of Allied Health. I understand that if I develop any condition requiring lifting restrictions or if I develop an allergy I must provide physician documentation to University Health Services.

Signature: ______________________________ Date: MM DD YY