



Return To:

ECU Office of Clinical Experiences, Speight 109
 Senior I interns must return this form by the deadline posted on the Senior I Internship Calendar.

Make Sure you have a copy of this form. The Office of Clinical Experiences will NOT provide copies at any time.

Internship Physical Form

The Health Examination form is required of all persons before their initial visit to their Internship location.

Name: _____ ECU ID: _____

Address: _____

Program Area: _____

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

Areas	Limitations		Nature of Limitations (continue on back as needed)
	Yes	No	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Yes	No	Any Immunization Recommendations
TD (tetanus), MMR, Hepatitis B, etc.			
Tuberculin (TB) test (Must be within 12 months of Internship) Note Date Given, Read, and Result.	Date Given	Date Read	Result

Physicians Office: _____
 Telephone Number: () _____
 Fax Number: () _____

 Physicians Name (Please Print)

Date: _____

 Physicians Signature