



HEALTH HISTORY FOR POWERLINE STUDENTS
(This page to be completed by STUDENT and reviewed by Dr. or NP)

Name: _____ Student I.D. # _____ Date of Birth: _____
Address: _____ City/Prov./PC: _____ Home Phone: _____
Health Card# _____ Version Code: _____ Cell # _____

Emergency Contact (Name/Relationship/Tel. #): _____ E-mail: _____

Personal History

Please check if you or any relative (parents, grandparents, siblings, or children) have had any of the following conditions:

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Asthma
<input type="checkbox"/> Stroke	<input type="checkbox"/> Seizures	<input type="checkbox"/> Medical Conditions
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Colitis
<input type="checkbox"/> Concussions	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other serious illness (specify): _____
<input type="checkbox"/> Surgeries		
<input type="checkbox"/> Mental Illness		

Lifestyle

What is your sleep pattern? _____ Do you feel rested? _____

Appetite: Poor Fair Good Do you eat from all food groups? _____

Do you: Smoke? _____ Packs per day: _____ # of years smoked: _____

Drink Alcohol? _____ Drinks per day/week: _____

Drink/eat caffeine products? _____ Amount per day: _____

Use any recreational drugs? _____ Frequency: _____

Exercise? _____ Type: _____ Frequency: _____

Current Health Status

Do you currently have any health problems? **Y or N** If yes, please list: _____

Are you currently taking **any medications or supplements**? **Y or N** please list: _____

Do you have any allergies? **Y or N** If yes, please list: _____

I hereby certify that the above information I have given is correct and that I have no other conditions that might affect my ability to fulfill my practical powerline field lab experience responsibilities.

- I hereby give permission to St. Clair College Health Centre to release information regarding my personal health status to the professor/instructors of the powerline field lab experience to which I am assigned for my practical Labs.

Signature of Student: _____ Date: _____

Powerline HEALTH EXAMINATION

(This page to be completed by PHYSICIAN or NURSE PRACTITIONER)

Name: _____ Date of birth: _____ Sex: M / F

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Temp: _____ Pulse: _____ Resp: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Glasses Y / N Hearing: R _____ L _____

	Normal	Abnormal Findings	Comments
Head/ Neck			
Eyes/ Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Lymph Nodes			
Heart: Sounds/Rhythm			
Peripheral Vascular			
Lungs			
Chest contour			
Skin			
Abdomen			
Hernia yes / no			
Neck/Back/Spine: Alignment / ROM			
Neuro-musculo-skeletal Upper extremities Lower extremities			
Reflexes			
Balance + coordination			
Posture			
Psychosocial/Mental			

PHYSICAL ABILITY CLEARANCE:

In your opinion, is this individual capable of performing functions such as lifting/working at height/carrying equipment safely? YES / NO

Person may participate in the following activities:

_____ Walking _____ Running _____ Lifting _____ Bending

At the following level:

_____ Light _____ Moderate _____ Strenuous _____

I certify that this student IS / IS NOT physically and mentally fit to undertake the duties of his/her program.

If the person is NOT CLEARED for participation in any activities, please give reason:

If this person requires medical restrictions, please list restrictions: _____

I certify that of this date, the student is free of any symptoms of active illness and fit to perform the duties required in the program.

Date & Signature of Physician or Nurse Practitioner

Office Stamp

