

MPAS Student Medical Clearance for Program and Clinical Activities Form

This form must be completed by a licensed physician, physician assistant or nurse practitioner. Please be sure to complete this form in its entirety.

Dear Healthcare Provider:

Emory & Henry College Master of Physician Assistant Studies (MPAS) Students are required to receive a comprehensive physical examination and be medical cleared for all didactic and clinical activities.

Please sign in one of the boxes below to indicate your recommendation related to your history and physical examination findings.

Your signature certifies that you have taken a history and performed a comprehensive examination typical for a routine preventative health, well-adult examination. Examination items covered should include: Vital Signs, Skin & Lymphatics, HEENT, Pulmonary, Cardiac, Abdominal, Assessment for Hernias, Musculoskeletal, Neurologic, and general Psychiatric assessment.

Name of Student				
Student DOB				
Date Exam Was Completed			Date Form Was Completed	
Signature of Medical Provider		Recommendation		
		which m	e-named student is free of any phy ay pose a potential risk to him/he fere with the performance of clinic	erself or to patients or which
			ve-named student can perform cl the following accommodation(s):	inical responsibilities safely,
			ve-named student cannot be clear ent at this time.	red to practice in a clinical
Name & Credentials of Medical Provider				
Office Address				
Office Phone Number				