

## COLLEGE OF ARTS & SCIENCES, AND EDUCATION Office of Field Services and Professional Development Schools 2500 West North Avenue, Baltimore, Maryland 21216

Grace Hill Jacobs Room 709; (410) 951 – 3081 "Educator as a Reflective Facilitator of Learning"

## **INTERN'S HEALTH STATUS FORM**

- > All prospective interns must have a physical examination prior to internship.
- > All prospective interns must have a chest x-ray or a Tuberculin skin test prior to internship.
- Please complete the upper portion of this form and submit to your health practitioner. Once you have the health practitioner's signature, return the form to the Office of Field Services and Professional Development Schools.

| Name:        |                  |                         | SS#:   |                                          |
|--------------|------------------|-------------------------|--------|------------------------------------------|
| Address:     |                  |                         |        |                                          |
| Telephone #: |                  |                         |        |                                          |
| Date of Las  | t Medical Exam   | ination:                |        |                                          |
| Current Hea  | alth Status:     | □ Excellent             | □ Good | □ Poor                                   |
|              | -                | physical condition affe | • •    |                                          |
|              |                  |                         |        |                                          |
| Date of last | chest x-ray or s | kin test:               |        | (must be within the last six (6) months) |
| Results:     | □ Positive       | □ Negative              | e      |                                          |
|              |                  | _                       |        |                                          |
|              |                  |                         |        | Signature of Physician or Nurse          |
|              |                  |                         |        | Title                                    |

Date