



**MENNONITE  
COLLEGE OF NURSING**  
*Illinois State University*

## Physical Examination Verification Form

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*UID*

\_\_\_\_\_  
*Program (Trad. BSN, Accel, BSN, RN/BSN, MSN, PhD, DNP)*

### Provider Verification

1. After evaluating this student's health history and performing a physical examination, I certify that he/she displays adequate health to participate in a nursing education program. Yes / No
2. After completing this examination, I am recommending further evaluation by a professional prior to the student participating in a nursing education program. Yes / No

**Latex Allergy Screening Tool (on reverse):** \_\_\_ Reviewed \_\_\_ Low Risk \_\_\_ High Risk

**ISHIHARA Color Test:** \_\_\_ Within Normal Limits \_\_\_ Color Vision Deficiency

**Healthcare Provider Signature:** \_\_\_\_\_

**Healthcare Provider Credentials:** \_\_\_\_\_ **Date** \_\_\_\_\_

**To Be Completed By Student and Reviewed by Healthcare Provider**

**Latex Allergy Screening Tool**

These questions are designed to help your physician determine if you may have a Latex sensitivity.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Please complete the following:</b>			<b>Yes</b>	<b>No</b>	
Have you ever had an allergic reaction to latex or rubber products?					
If so, is your doctor aware of this allergy?					
Have you ever been tested for a latex allergy?					
Have you ever had a reaction in your mouth after dental work, such as sores, etc?					
Does your job/occupation involve contact with products, which contain latex rubber?					
<b>If "Yes" is checked for any of the below, a physician must review and sign this form.</b> <b>If "No" is checked, a nurse may review and sign this form.</b>					
<b>Have you had a reaction to any of the following sources of latex/rubber?</b>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Balloons			Rubber Gloves		
Hot water bottles			Rubber bands, balls		
Foam pillows			Baby bottles, nipples		
Pacifiers			Shoes		
Erasers			Elastic bandages		
Face masks			Medical devices such as catheters		
Adhesive tape, Band-Aids			Latex rubber birth control devices (condoms, diaphragm, etc.)		
Clothing with elastic or stretch clothes (belts, bras, suspenders, elastic waistbands)			Other:		
<b>After handling latex products, have you had any of the following?</b>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Difficulty breathing, wheezing			Runny nose/congestion		
Chapping or "cracking" of hands			Itching (e.g., of hands, eyes), rash		
Hives			Redness		
Swelling of the body, tongue or face			Excessive tearing or reddened eyes		
Low blood pressure			Other:		
<b>Do you have a history any of the following?</b>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Contact dermatitis			Asthma, bronchitis		
Hay fever			Eczema		
Disease of the immune system (such as lupus, etc.)					
<b>Do you have any food allergies?</b>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Bananas			Kiwi		
Avocados			Chestnuts		
Papaya			Potatoes		
Tomatoes			Peaches		
Almonds			Celery		
Figs			Corn Products		
Other:			Other:		