



**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: _____

| Please complete the following: | | | Yes | No | |
|---|------------|-----------|---|------------|-----------|
| 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? | | | | | |
| If "Yes" is checked for any of the below, a physician must review and sign this form. If "No" is checked, a nurse may review and sign this form. | | | | | |
| Have you had a reaction to any of the following sources of latex/rubber? | | | | | |
| | Yes | No | | Yes | No |
| 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: | | |
| After handling latex products, have you had any of the following? | | | | | |
| | Yes | No | | Yes | No |
| 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: | | |
| Do you have a history any of the following? | | | | | |
| | Yes | No | | Yes | No |
| Contact dermatitis | | | Asthma, bronchitis | | |
| Hay fever | | | Eczema | | |
| Disease of the immune system (such as lupus, etc.) | | | | | |
| Do you have any food allergies? | | | | | |
| | Yes | No | | Yes | No |
| Bananas | | | Kiwi | | |
| Avocados | | | Chestnuts | | |
| Papaya | | | Potatoes | | |
| Tomatoes | | | Peaches | | |
| Almonds | | | Celery | | |
| Figs | | | Corn Products | | |
| Other: | | | Other: | | |