Niagara County Community College

Change in Procedures for Massage Therapist Students  
Physician’s Physical for Clinical Rotations Forms

During the COVID-19 Pandemic

As Physical forms are being sent via email, please print the physical form, complete your section ONLY, and give it to your Provider/Physician to complete with your physical examination.

After you have read each of the paragraphs on the first page of the physical form, please place your initials on the line after them, indicating that you understand and agree with the contents.

If you are able to make a copy of the physical form, please do so and then sign/date in the box stating you have done so.

* If you are not able to copy the form, do NOT sign in the box. Leave it blank.

After reading the “Statement of Release”, please write information on the lines if necessary, then sign and date the box with a witness from your Provider/Physician’s office.

DO NOT write ANY information on the form designated for the **Provider**. ***Forms with documentation completed by anyone else will not be accepted and a new form will need to be completed.***

* The **only** “exception” to this is if you are declining Hepatitis B immunization.
  + The student must sign/date in the designated box on the last page.

Please mail the completed form to the college, Attn: Wellness Center.

* Do NOT mail your form until it is 100% complete.
  + A checklist has been provided for you. If you have checked every box, your form should be complete.

**The following are errors or omissions commonly seen on the physical forms, causing a delay due to the need for correction:**

* Students need to complete ALL questions in the **Student** section of the form
  + Emergency Contact information must be completed
  + Student must sign and date the bottom of their section
* Student name and date of birth must be on the top of ALL pages
* Pulse is either blank or “NA” written
  + There must be a pulse – it is part of the physical
* Any box checked in Personal Medical History must be addressed
* All items in the columns must be checked as either Normal or Abnormal
  + Any area checked Abnormal must be addressed in the Comments
* ALL questions must be answered by the Provider
  + Physical and Emotional demands have 2 parts: (**1.AND 2.)** 
    - BOTH Capable AND Restrictions MUST be addressed
* Allergies written by the student and written by the Provider must match
  + Allergies must be explained: Reaction, especially anaphylactic
    - Indicate Epi Pen if applicable
* Provider must sign, date, and stamp the bottom of BOTH pages
* TB Testing (TST)
  + Signatures MUST include credentials
    - MUST be: MD, PA, NP, RN
      * LPN’s are NOT allowed by the Nurse Practice Act to interpret TST’s, therefore, will not be accepted
  + If TST is positive, Chest x-ray is required and the Report must be submitted with the physical
* Reports of any Titers drawn must be submitted with the physical

Please check ALL areas on your form as indicated above BEFORE you leave your Provider’s office and/or before mailing it in.

ALL questions may be directed to: [yager@niagaracc.suny.edu](mailto:yager@niagaracc.suny.edu). Please keep in mind that I am working from home, so it will take more time to process forms and provide clearances. Complete forms are much quicker to clear!