## Cloud County Community College Wind Energy Technology Physical Examination Form

## Student to complete the following information:

Name				
Last Birth date	First		Middle	<del></del>
Are you currently seeking the of the seeking the confidence of the seeking the seeking the confidence of the seeking the seeki	care of a physician?	No _	Yes	_ (Check one)
Are you currently taking medic If yes, explain:	ations regularly?	No Yes	(Check or	ne)
Have you ever been hospitalize If yes, explain:	ed?	No Yes	(Check or	ne)
Previous history (check any tha  Allergies Heart Problems Hypertension	ot apply and explain belto Kidney Ion Diabete	Problems s	□ Bon □ Surg	e or Joint Injury geries
Date of last tetanus immunizat	ion			

leight	Weight Blood Pressure			ssure	
Medical Examination	ОК	_	Problems/0	Comments	
Dental					
Eyes					
Ears, Nose, Throat					
Head, Neck					
Skin, Scalp					
Lymphatics					
Thorax					
Lungs					
Heart					
Abdomen					
Hernia					
Genitalia					
Neurologic					
Orthopedic Examination	ОК		Problems/0	Comments	
Neck and shoulders					
Elbows, wrists, hands					
Back					
Knees					
Ankles					
Feet					
Flexibility					
Wind energy technicians ar	e require		the followin	g tasks.	ı
Task	ОК	Task	OK	Task	ОК
Climbing 250 ft. towers		Reaching		Smelling	
Balancing		Handling		Near/Far Acuity	
Stooping		Finger Dexterity		Depth perception	
Kneeling		Talking		Color vision	
Crouching		Hearing		Field vision	

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Physici	an's Signature	Date	
	No participation in this activity		
	Clearance withheld until (explain)		
	Limited participation (explain)		
Ш	Full Activity		