

Health Screening Statement- SJSU Occupational Therapy

To the student: This form needs to be completed prior to the start of the semester to which you are admitted. Upload this completed form to the CastleBranch® online web site. Keep the **original of this** completed health statement in your own files at home.

From your Physician, or Nurse Practitioner, or Physician Asst.:

To the Healthcare Provider: This basic health examination should assess basic health for performing occupational therapy clinical rotations. This should include: vital signs, weight, temperature, pulse, and blood pressure and basic neuromuscular/physical mobility.

Date: _____

I have examined _____
(Print Last Name, First name, Middle Initial of the Student)

and find her/him/they to be in (check):

satisfactory health unsatisfactory health

(NOTE: Please explain if not considered satisfactory health)

Health Care Provider Information:

Signed: _____

Date: _____

Printed Name (or stamp): _____

Title: _____

Address, City, State:
