

**Student Name:** \_\_\_\_\_

**PID #:** \_\_\_\_\_

**Program Applying For:** \_\_\_\_\_

**LAREDO COMMUNITY COLLEGE  
NURSING DEPARTMENT  
APPLICATION CHECKLIST**

**(INCOMELETE APPLICATIONS WILL NOT BE PROCESSED)**

**Due with application**

- Pre-requisite courses completed
- If not, courses pending:

\_\_\_\_\_  
\_\_\_\_\_

- Institutional GPA – 2.5 or better
- Recommendation Form
- Technical Performance Standards Form
- Immunization Documentation Form  
Completed by LCC Campus Nurse
- Transition Applicants: Dept will make copies of  
Degree and Valid License(s) (Originals)

**\*Be advised that a Background Check through the Texas  
Board of Nursing will be required.**

**Due when accepted**

- Current Health Care Provider CPR Card (original)  
Copies will be made by the Department
- Physical Examination Form
- Negative Urine Drug Screen (10 Panel)

**Admission Assessment Exam Review can be purchased at  
<http://www.us.elsevierhealth.com/product.jsp/isbn=9781416056355>  
or by calling 800-545-2522.**

**A copy is available for preview at LCC Fort McIntosh Campus Library.**



LAREDO COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

APPLICATION FORM

Date Submitted: \_\_\_\_\_

The information requested on this form is needed to ensure that all applicants for the Health Sciences and the Nursing Programs receive impartial consideration. Be complete and accurate with the responses to these questions. Incomplete applications will not be considered. Check program information packet for specific information related to pre-entrance requirements.

Legal Name \_\_\_\_\_

Last First Middle Maiden Name

Address \_\_\_\_\_

Street City State Zip Code

Mailing Address \_\_\_\_\_

Street City State Zip Code

LCC P-ID \_\_\_\_\_ SSN \_\_\_\_\_ LCC PASPORT E-mail \_\_\_\_\_

Alternate E-Mail \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

U.S. Citizen Yes \_\_\_ No \_\_\_ If no, give country of citizenship \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Dates in parenthesis represent the deadline to submit application for admission. PLEASE CHECK WITH ADVISOR FOR SPECIFIC PROGRAM INFORMATION

Application for Admission to: Check One.

HEALTH SCIENCES DIVISION

NURSING

Nursing Assistant (NURA) - Certificate

\_\_\_ Nursing Assistant -(3rd Thu in August-Fall)

\_\_\_ Nursing Assistant - (2nd Thu in January-Spring)

Vocational Nursing- 1 year Certificate

\_\_\_ Vocational Nursing-Certificate (2nd Wed in June)

Associate Degree Nursing - A.A.S.

\_\_\_ Fall - Two-year program (2nd Thu in May)

Associate Degree Nursing Transition - A.A.S.

\_\_\_ Spring - Transition (1st Thu in Oct)

[ ] Licensed Vocational Nurse
Certification Date \_\_\_\_\_

[ ] Licensed EMS- Paramedic
Date AAS Received \_\_\_\_\_

[ ] Health Professional- Licensed
Graduation \_\_\_\_\_
Discipline: \_\_\_\_\_



**LAREDO COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES**

Currently enrolled at LCC \_\_\_\_\_ TAMIU \_\_\_\_\_ OTHER \_\_\_\_\_

All official transcript(s) must be submitted prior to the application deadline. Check application packet for information or specific deadline for the program of your choice. Transcripts received after the deadline will not be accepted for the current application period, but may be used for the next available application period.

**EQUAL OPPORTUNITY POLICY**

In compliance with Title VI of the Civil Rights Act of 1964 Executive Order 11246 and Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 and 1990. Laredo Community College is open to all persons regardless of race, color, religion, sex, age, handicap, or national origin who are otherwise eligible for admission as students.

**CRIMINAL BACKGROUND: PERSONS WITH A CRIMINAL CONVICTION OR ARREST MAY NOT BE ELIGIBLE FOR LICENSURE. THE APPLICANT IS RESPONSIBLE FOR CONTACTING THE LICENSING AGENCY AND PROVIDING DOCUMENTATION OF CLEARANCE FROM THE LICENSING AGENCY TO THE HEALTH SCIENCE DIVISION PROGRAM DIRECTOR/CHAIR. DOCUMENTATION OF A NEGATIVE CRIMINAL BACKGROUND IS REQUIRED**

Have you been **arrested, convicted, adjudged guilty by a court, plead guilty, no contest, or nolo contendere** to any crime in any state, territory or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests (excluding minor traffic violations)? This includes expunged offenses and deferred adjudications with or without prejudice or guilty. **Please note that Driving Under the Influence (DUI), Driving While Intoxicated (DWI), or Public Intoxication (PI) must be reported and are not considered minor traffic violations.**

**Yes or**  **No to the above statement. Specific program requirements or clarification may be obtained from each individual Health Science Division Program.**

**DOCUMENTATION OF A NEGATIVE CRIMINAL BACKGROUND MUST BE SUBMITTED TO COMPLETE THE APPLICATION AND ADMISSIONS PROCESS.**

**HISTORY:** Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?  **NO or**  **YES - Explain if "YES" is marked:** \_\_\_\_\_

**DISCLOSURE STATEMENT**

Laredo Community College and the Health Sciences Division comply with the Family Educational Rights and Privacy Act of 1974 and its amendments. However, this material must be reviewed by the program's Admission's Committee and at times by the program's accrediting agency. All of the records reviewed will be held in confidence and not discussed outside of these stated purposes.

Clinical site and time assignments are made at the discretion of the College and its affiliates and are subject to change without notice. Some programs require clinical assignments outside of the local areas.

**I understand that this is an application to the Health Science Division only and that, in addition, I must apply to and be accepted by Laredo Community College and meet all of the requirements of the college as outlined in the current catalog.**

If accepted into this program, I will abide by all departmental and program policies and procedures. I certify that the statements and information contained in this application are true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## LAREDO COMMUNITY COLLEGE DIVISION OF HEALTH SCIENCES

### Criminal Background Check Consent

Laredo Community College (LCC) nursing programs are required to have documentation on file showing completion of a cleared/negative criminal background check on students prior to their entry into clinical agencies for the purposes of observing or providing patient care.

Please initial each statement below and sign this agreement.

\_\_\_\_\_ I consent to a criminal background check as part of the requirements for admission to LCC nursing programs, to comply with the Texas Board of Nursing requirements for licensure as a Registered Nurse or Vocational Nurse, and to meet requirements of clinical agencies used for my training and education. I understand that this will require that my name, mailing address, social security number, and date of birth be sent to the Texas Board of Nursing. I also understand that I will be required to pay the current fee and provide my fingerprints via a computer scan at an **L1 Identity Solutions** location.

\_\_\_\_\_ I agree to present LCC nursing department with the original criminal background check notification card or letter as provided to me by the Texas Board of Nursing. I understand that this document must be provided by the due date stated in order for me to be admitted to the program. I further understand that LCC nursing department will retain a copy of the original verification for my file. **I further understand that if the background check determines that I have a positive criminal background, I may be prohibited from entering the nursing program or I may be required to withdraw from the nursing program.**

\_\_\_\_\_ I agree to comply with and consent to any additional background checks, which may include use of my fingerprints that may be required by LCC clinical affiliates.

\_\_\_\_\_ I agree that LCC may provide evidence, as provided to me by the Texas Board of Nursing, of my criminal background check for the purpose of securing and maintaining agreements with clinical sites and agencies necessary for my training and education in nursing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name



## LAREDO COMMUNITY COLLEGE DIVISION OF HEALTH SCIENCES

### Process for Ordering a Criminal Background Check

After submitting a completed application for the upcoming nursing program including the signed Criminal Background Check Consent and after the application deadline, LCC nursing department secretary will submit a roster of all eligible applicants to the Texas Board of Nursing. This roster will include names, mailing addresses, social security numbers, and birthdates. You will be notified by LCC nursing department when this step has been completed.

The Texas Board of Nursing will then submit your information (as provided above) to **L1 Identity Solutions**, usually within 2 weeks after receiving the information from LCC.

After being notified by LCC, make an appointment with an **L1 Identity Solutions** location by proceeding with the following steps:

1. Log onto the internet and type in the address <http://www.L1id.com/ibt>.
2. Click on "schedule a fingerprinting appointment online".
3. Click on "state of Texas".
4. Click on "online scheduling".
5. Follow the prompts to find your name and information in the system. (If your name is not there, please wait a few days and try again.)
6. Be prepared to pay the fees (information available on the L1 website).

The criminal background check will be done through the Texas Department of Public Safety and the Federal Bureau of Investigation. The originator number (ORI) is [TX923490Z](#).

The results of your criminal background check will be provided directly to the Texas Board of Nursing.

You will receive a card or letter from the Texas Board of Nursing acknowledging that they have received the results of your criminal background check. If any further information is required, based on your results, you will be notified by the Texas Board of Nursing at that time.

The L1 Identity Solutions location closest to LCC is:

**Laredo Examiners, Inc.**  
**802 E. Saunders, Suite B**  
**Laredo, TX 78041**  
**Ph.956.791.6992**

Please contact LCC nursing department at 956-721-5252 or 956-721-5255 if you need further assistance.



**LAREDO COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES**

**RECOMMENDATION FORM**

**INSTRUCTIONS TO APPLICANT:** Submit one recommendation form to the Health Science Program. Select a person who can comment on your qualifications for study, experience, and ability e.g. supervisor, former teacher.

Legal Name \_\_\_\_\_

Last First Middle Maiden Name

Address \_\_\_\_\_

Street City State Zip Code

Mailing Address \_\_\_\_\_

Street City State Zip Code

LCC P-ID \_\_\_\_\_ LCC Passport E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Application for Admission to: \_\_\_\_\_

Name of Program

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantees student access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

The following signed statement indicates the wish of the following recommendations.

\_\_\_\_\_ I waive or \_\_\_\_\_ I do not waive my right to review the recommendation form.

Student's Complete Name (PRINT) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



LAREDO COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

APPLICANT'S COMPLETE NAME: \_\_\_\_\_

The above student has applied for admission to a Health Science Program at Laredo Community College. We would appreciate your honest, professional, and personal appraisal of this candidate. Your objective evaluation will be of value to the applicant and to the programs. Please consider the ability of the candidate to function as a health care provider when you complete the following statements.

For each item listed below, please rate the candidate using the following scale:

- 5 = Almost Always, 4 = Usually, 3 = Sometimes, 2 = Rarely, 1 = Almost Never, 0 = Not Able to Observe

The Candidate:

- 1. is self-motivated ... 5..4..3..2..1..0
2. completes assigned tasks conscientiously ... 5..4..3..2..1..0
3. accepts suggestions and criticism gracefully ... 5..4..3..2..1..0
4. learns new skills quickly ... 5..4..3..2..1..0
5. asks for guidance when appropriate ... 5..4..3..2..1..0
6. manages his/her time well ... 5..4..3..2..1..0
7. works well in a group situation ... 5..4..3..2..1..0
8. accepts and delegates responsibility in a leadership position.. ... 5..4..3..2..1..0
9. is neat and well-groomed..... 5..4..3..2..1..0
10. communicates well with his/her peer group and superiors..... 5..4..3..2..1..0
11. is dependable and trustworthy ..... 5..4..3..2..1..0
12. is a person to whom you could entrust your family members for health care ... 5..4..3..2..1..0

Applicable only for (Nursing Transition Applicants): Describe the applicant's work experience in direct patient care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known the candidate, and in what capacity? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_

It is vital to the admissions process to have a completed "Recommendation Form" returned as quickly as possible to complete the applicant's application. It is recommended to have the applicant submit this form with the application to prevent any mailing delays. If it must be mailed, please mail to the following address:

LAREDO COMMUNITY COLLEGE
WEST END WASHINGTON STREET
DIVISION: HEALTH SCIENCES
LAREDO TEXAS 78040-4395



## LAREDO COMMUNITY COLLEGE DIVISION OF HEALTH SCIENCES

### TECHNICAL PERFORMANCE STANDARDS

Applicant's Name: \_\_\_\_\_

An applicant to the Health Science Division must possess necessary technical performance standards to complete a health science program. The applicant is required to be physically, mentally, and medically able, with reasonable accommodations if necessary, to perform the technical standards necessary in the role of a health science student. These technical performance standards are also required of the student to fulfill the responsibilities of an entry-level staff person upon graduation. The applicant must understand that if he/she is unable to perform an essential function he/she may be counseled to consider another field of study.

Mark each appropriate Technical Performance Standard:

- Yes     No    **READ:** Ability to read and understand printed materials used in the classroom and health care settings such as textbooks, signs, medical supply packages, policy and procedure manuals and patient records.
- Yes     No    **ARITHMETIC COMPETENCE:** Read and understand columns of numbers and measurement marks, count rates, tell time, use measuring tools, write numbers in records, and calculate (add, subtract, multiply, divide) mathematical information such as fluid volumes, weights and measurements and vital signs.
- Yes     No    **ANALYTICAL THINKING:** Ability to acquire, and apply information from classroom instruction, skills laboratory experiences, independent learning and group projects. Demonstrate skills for memorizing, integration of concepts, abstract reasoning, and multifactorial problem solving and interpreting.
- Yes     No    **COMMUNICATION:** Ability to communicate effectively in English in oral and written form with peers and instructors to complete assignments and tests, give directions, explain procedures, give oral reports, speak on the phone and interact with others and document care. Ability to comprehend, interpret, and follow oral and written instructions. Communicate in a clear and concise manner with patients of all ages, including obtaining health history and other pertinent information.
- Yes     No    **INTERPERSONAL SKILLS:** establish rapport with peers, patients/ clients, and instructors, respect individual differences and negotiate interpersonal conflicts.
- Yes     No    **EMOTIONAL STABILITY:** Focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, deal with the unexpected, handle strong emotions (i.e. grief, revulsion), and function as part of a team (ask advice, seek information, and share). Provide emotional support to patients before, during and after procedures.
- Yes     No    **FINE MOTOR:** Manual dexterity necessary to palpate muscles and/or bony prominences, pick up objects with hands, grasp small objects, write with pen or pencil and squeeze fingers.
- Yes     No    **PHYSICAL ENDURANCE:** Stand and maintain balance during classroom or therapeutic procedure. Endure clinical day with a minimum of 4 to 12 hours of standing or walking. Bend, lift, turn, grasp and squat with full range of motion.
- Yes     No    **PHYSICAL MOBILITY:** Walk, reach arms above head and below waist, stoop/twist body, kneel, squat, move quickly (respond to emergency).





## LAREDO COMMUNITY COLLEGE DIVISION OF HEALTH SCIENCES

### TECHNICAL PERFORMANCE STANDARDS

- Yes    No   **PHYSICAL STRENGTH:** Move objects independently weighing up to 25 pounds, move heavy objects (up to 50 lbs.), squeeze with hands (i.e. fire extinguisher), use upper body strength (CPR, patient handling). Transport, move lift or transfer patients from a wheelchair to a stretcher to an exam table or to a patient's bed. Move, adjust and manipulate a variety of medical equipment to perform examinations according to established procedures.
- Yes    No   **VISUAL:** Ability to read fine print on measuring devices and computer screens, see objects more than 20 feet away, recognize depths and use peripheral vision. Visually monitor patients, charts and machine indicator lights in dimly lit conditions.
- Yes    No   **AUDITORY:** Hear auditory alarms and normal speaking level sounds. Tolerate high pitched and constant noise.
- Yes    No   **SMELL:** Detect odors from client, smoke, gasses or noxious smells.
- Yes    No   **TACTILE:** Feel vibrations (palpate pulse), detect temperature (skin, solutions), and detect environmental temperature (drafts, cold and hot).

I have reviewed and responded to the technical performance standards listed above. I attest that all of my responses are true and accurately indicate my ability to meet the responsibilities of the student role. I believe I can, and am prepared to, meet these requirements.

---

Print Applicant Name

---

Applicants Signature

---

Date



## LAREDO COMMUNITY COLLEGE DIVISION OF HEALTH SCIENCES

### IMMUNIZATION, CPR, & DRUG SCREEN INFORMATION

**Required Documents must be submitted to complete the application and admissions process and prior to enrolling in any health science division program.**

**IMMUNIZATIONS: Must be verified with the Laredo Community College Fort McIntosh Campus Nurse.**

Most applicants have had the required immunizations, only verification of immunization is necessary. If documentation is not available, vaccines can be obtained at LCC's Student Health Services. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information contact the LCC Student Health Services at (956) 721-5189. **Documentation for verification may include:**

- \* United States clinic or school immunization records.
- \* U.S. Physician-validated history of illness for measles or mumps.
- \* Military records, and/or
- \* International health cards

The Center for Disease Control through the Texas Department of State Health Services mandates that all students enrolled in a nursing or health science program, receive the following vaccines **PRIOR TO DIRECT PATIENT CONTACT**.

1. Tetanus-Diphtheria... one dose (TD) every ten years: NO AGE EXEMPTION
2. Measles, Mumps Rubella (MMR)... Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
3. Complete series of Hepatitis B Vaccines ... Serologic confirmation of immunity to the Hepatitis B virus acceptable.
4. Two doses of Varicella (chickenpox). Also acceptable:
  - a. Student received first dose prior to 13 years of age
  - b. Laboratory report indicating Varicella immunity, or
  - c. Parent/physician validated history of Varicella disease (chickenpox)
5. TB skin test (annually) or a Negative Chest X-ray at the provider's discretion is acceptable.
6. RECOMMENDED: Hepatitis A

These vaccines are available at the LCC Health Services Department. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information contact the LCC Health Services at (956) 721-5189.

**CPR:** Documentation of current American Heart Association Health Care Provider CPR card must be provided and maintained.

**DRUG SCREEN: A NEGATIVE (10 PANEL) URINE DRUG SCREEN** is required and must be submitted for **ALL Health Sciences Programs**.

Changes to immunization requirements received from the Center for Disease Control will be incorporated into all Health Science Division Programs. The Laredo Community College Board of Trustees will be notified of the changes at their next scheduled monthly meeting.



LAREDO COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

IMMUNIZATION VERIFICATION FORM

NAME: \_\_\_\_\_ LCC P-ID: \_\_\_\_\_

TO BE COMPLETED BY FORT MCINTOSH CAMPUS NURSE - DUE WITH APPLICATION

1. The Texas Department of State Health Services (DSHS) rule §97.64 mandates that all students enrolled in health related courses must have all the following vaccinations PRIOR to direct patient contact. Evidence of vaccination/immunity must be submitted to complete the application and admissions process. It is the applicant's responsibility to maintain current immunization status and submit updated documentation to the Health Science Division Program upon admission and enrollment in program courses.

- 1. Complete the Hepatitis B Vaccine series: #1 #2 #3
2. Tetanus-Diphtheria (Td) one dose required within the last ten years: #1
3. Measles, Mumps, and Rubella (MMR)...Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of Measles, Mumps, and Rubella. #1 #2
4. Varicella Titer documenting immunity, Parent/physician validated history of Varicella disease (chickenpox), or Two doses of Varicella Vaccine: #1 #2
5. RECOMMENDED: Hepatitis A (HepA) Vaccines (2 doses) #1 #2
6. TB skin test (annually): Date: Date: Results:
A Negative Chest X-Ray is acceptable at the providers discretion: Date: Results:
Comments:

These vaccines are available at the LCC Health Services Department. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information, contact the LCC Health Services Department at (956) 721-5189.

Printed Name of LCC Campus Nurse Signature of LCC Campus Nurse Date

As changes in health requirements are received from the Texas Department of Health or the Center for Disease Control, they will be incorporated into the Health Science Division Programs. The Laredo Community College Board of Trustees will be notified of such changes at their next scheduled meeting.



LAREDO COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

Name \_\_\_\_\_ LCC P- ID \_\_\_\_\_ Date \_\_\_\_\_

Program Starting Year: [ ] FALL \_\_\_\_\_ [ ] SPRING \_\_\_\_\_ [ ] SSI \_\_\_\_\_ [ ] SSII \_\_\_\_\_

Application for Admission to: Check One.

NURSING

Nursing Assistant (NURA) - Certificate

- \_\_\_ Nursing Assistant –(3rd Thu in August-Fall)
\_\_\_ Nursing Assistant – (2nd Thu in January-Spring)

Vocational Nursing- 1 year Certificate

- \_\_\_ Vocational Nursing-Certificate (2nd Wed in June)

Associate Degree Nursing – A.A.S.

- \_\_\_ Fall – Two-year program (2nd Thu in May)

Associate Degree Nursing Transition – A.A.S.

- \_\_\_ Spring - Transition (1st Thu in Oct)
[ ] Licensed Vocational Nurse
Certification Date \_\_\_\_\_
[ ] Licensed EMS– Paramedic
Date AAS Received \_\_\_\_\_
[ ] Health Professional– Licensed
Graduation \_\_\_\_\_
Discipline: \_\_\_\_\_

TO ALL HEALTH SCIENCES PROGRAM APPLICANTS:

The following information is for statistical purposes only. State Higher Education reports require that this information be gathered. Providing this information will not affect your admission in the Health Sciences Program to which you have applied.

PLEASE CHECK THE APPROPRIATE BOXES

YOU FEEL BEST REPRESENT YOU:

- a. Gender: [ ] Male [ ] Female
b. Ethnicity: [ ] White Non Hispanic [ ] Black Non Hispanic [ ] Hispanic [ ] Asian or Pacific Islander [ ] American Indian or Alaskan Native [ ] International
c. Special Populations: [ ] Academically Disabled [ ] Economically Disabled [ ] Individual with Disabilities [ ] LEP (Limited English Proficiency) [ ] Displaced Homemaker [ ] Single Parent [ ] Other
d. Age Ranges: [ ] 17-24 [ ] 25-31 [ ] 32-39 [ ] 40-47 [ ] 48-55 [ ] 56-up
e. Current Working Hours: [ ] None [ ] < 20 hours [ ] > 20 hours [ ] Full Time
f. If accepted into a Program, I plan to work: [ ] 0 hours [ ] < 20 hours [ ] > 20 hours [ ] Full Time
g. Education [ ] Doctorate [ ] Masters Degree [ ] Bachelors Degree [ ] Associate Degree
h. High School you graduated from: [ ] Martin High School [ ] Nixon High School [ ] Cigarroa High School [ ] United High School [ ] United South High School [ ] J.B. Alexander High School [ ] L.B. Johnson High School [ ] Other: City, State \_\_\_\_\_



**LAREDO COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES**

**DUE UPON ACCEPTANCE INTO THE  
NURSING PROGRAM.**

**Due when accepted:**

- Current Health Care Provider CPR Card (original)  
Copies will be made by the Department
  
- Physical Examination Form
  
- Negative Urine Drug Screen (10 Panel)



**LAREDO COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number/Street City State Zip Code

Home Telephone # \_\_\_\_\_

Application for Admission to: \_\_\_\_\_  
Program

**Hospitalization Insurance information is available at the LCC Business Office.**

**TO BE COMPLETED BY APPLICANT:**

1. Describe any illness or condition of more than one week's duration that you have had within the last 5 years.
2. List any medication you are taking for any illness or condition listed in question #1.
3. Describe serious injuries/operations you have had.
4. If you have ever had limitations placed upon the amount and type of physical exercise that you can perform, please describe.
5. Describe any effects of a previous illness or injury that presently limits your physical endurance.
6. List known allergies (medications, foods, insects, etc).



LAREDO COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES

PHYSICAL EXAMINATION FORM

**MUST BE COMPLETED BY A: U.S. Physician, Nurse Practitioner, or Physician Assistant**

NAME \_\_\_\_\_ PID/SSN \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ B/P \_\_\_\_\_

Head \_\_\_\_\_ Heart \_\_\_\_\_ Tumors \_\_\_\_\_

Skin \_\_\_\_\_ Abdomen \_\_\_\_\_ Orthopedic-Conditions \_\_\_\_\_

Varicose Veins \_\_\_\_\_ Lungs \_\_\_\_\_ Hernia \_\_\_\_\_

**TESTS: Providers Discretion**

Chest X-Rays: \_\_\_\_\_ Findings \_\_\_\_\_

Urinalysis: Findings. \_\_\_\_\_

Blood Count: RBC \_\_\_\_\_ WBC \_\_\_\_\_ HGB \_\_\_\_\_ HCT \_\_\_\_\_

Serology: \_\_\_\_\_

Exam findings; recommendations, if any:

\_\_\_\_\_  
**Provider Name and Title (Print)                      Signature of Provider                      Date**

Address \_\_\_\_\_  
**Number/Street                      City                      State                      Zip Code**

The entire form must be completed. The form may be mailed directly to Laredo Community College, Division of Health Sciences, West End Washington St., Laredo, Texas 78040-4395 or hand delivered. This information is strictly for use by the Division of Health Sciences and will not be released to anyone without the applicant's consent.