

# H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE

1225 Air Base Boulevard \* Montgomery, Alabama 36108 \* Phone (334) 420-4200

## ATTENTION: Dental Assisting Department

Please give the following information concerning  
Ms./Miss/Mrs./Mr.

\_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ HIV Screening Date and Results: \_\_\_\_\_

CBC Date and Results: \_\_\_\_\_ Hepatitis Screening Date and Results: \_\_\_\_\_

VDRL Date and Results: \_\_\_\_\_ Urinalysis Date and Results: \_\_\_\_\_

TB Skin Test Results (must be current up to two months prior to admission): Please give the date of test and indicate whether the test is a one-step or a two-step: \_\_\_\_\_

Immunizations:

MMR #2 \_\_\_\_\_

Tetanus \_\_\_\_\_

\*Hepatitis B \_\_\_\_\_

\_\_\_\_\_  
*(Signature of person reading test)*

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

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

Injection #1 Date: \_\_\_\_\_

Injection #2 Date: \_\_\_\_\_

Injection #3 Date: \_\_\_\_\_

\*If student does not receive a Hepatitis immunization the student must sign a release form stating that he/she refused the immunizations.

Is this person on any medication(s) that would hinder his/her from performing his/her job or that would pose a threat to the health and safety of others? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

In your opinion, is this person physically, and mentally able to perform duties in his/her field? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

Please make any further comment(s) and/or recommendation(s) and return this form to the above address.

\_\_\_\_\_  
*Signature of Physician*

Print Name:

Address:

Phone:

I am applying for admission to the DENTAL ASSISTING Program at H. Councill Trenholm State Community College. I authorize you to send to the college all information requested.

\_\_\_\_\_  
*Signature of Student*

It is the official policy of the Alabama Department of Postsecondary Education, including all Postsecondary institutions under the control of the Alabama State Board of Education, that no persons shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity or employment.

**Attach additional pages if needed.**