BRUNSWICK COMMUNITY COLLEGE

PO Box 30, 50 College Road NE
Supply, North Carolina 28462
(910) 755-7300
www.brunswickcc.edu

HISTORY & PHYSICAL CERTIFICATION FORM

The North Carolina Community College System requires that dental assisting students have a History and Physical (H & P) completed by a Healthcare Provider (HCP) certifying that they are physically and emotionally able to perform the duties of a health professional in providing safe care to patients.

In addition, the student is required to provide proof of immunity to certain diseases, and complete screening for tuberculosis. The student has a list of these requirements should he/she require your assistance.

To the HCP: **Please use your office forms to complete the H & P. BCC does not require a form for our files. We only require that this page be completed, stamped, and returned to us. Please complete the following:**

I have examined _____ DOB _____
(Student name)

on this day _____.
(Date)

Based on my assessment of this student's physical, mental, and emotional health he/she appears to be able to participate in the activities of a dental assisting student in the clinical setting. □ *Yes* □ *No*
If no, please explain _____
_____
_____

_____ _____
(Signature of MD, NP, or PA) **(Date)**

_____ _____
(Name/Stamp) **(Phone)**

_____
(Office address, street, city, state, zip)

To be completed by the Student:

I understand that in certain situations I may be required to provide a copy of my History & Physical to a clinical affiliate partner at their request. An example would be a review of the institution by an accrediting organization (i.e. The Joint Commission, OSHA.). I also understand, and agree to maintain my health during my enrollment in the dental assisting program, and to seek assistance when needed, knowing that a failure to do so may compromise the health and safety of the patients in my care.

Signature: _____ **Date: _____**

Print Name: _____