

**School of Allied Health and Communicative Disorders**

**Doctor of Physical Therapy Program**

As a condition of enrollment, the NIU DPT program requires an initial physical examination prior to starting the program. This examination must be completed by a MD, DO, PA, or APN/DPN.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **Yes** | **No** |
| Tolerate sitting, standing, and physical activity for a minimum of eight hours  |  |  |
| Perform physical assessment and intervention procedures commonly used in physical therapy |  |  |
| Manipulate assessment and treatment devices commonly used in the practice of physical therapy |  |  |
| Move or manipulate parts of, or whole, bodies of simulated and real patients |  |  |
| Lift, push, pull or move 50 pounds independently |  |  |
| Perform cardiopulmonary resuscitation and basic first aid |  |  |
| Maintain and assume a variety of positions, including but not limited to sitting (on floor and elevated surface), standing, squatting, kneeling |  |  |
| Perform upright tasks on even and uneven surfaces, including but not limited to reaching, bending, twisting, pulling, pushing, carrying, and holding |  |  |
| Possess the emotional health necessary |  |  |
| * for the full use of intellectual abilities
 |  |  |
| * for the exercise of sound judgment
 |  |  |
| * for the effective completion of all responsibilities attendant to the assessment and treatment of patients
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| * for the development of mature, sensitive, and effective relationships with patients
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| * to be able to tolerate physically and mentally taxing workloads
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| * to be able to function effectively under stress
 |  |  |
| * to be able to adapt to changing environments, changing schedules
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**Comments:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name with Credentials:** \_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NPI #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Professional Facility Name and Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_