



**Mississippi State University - Meridian  
Physician Assistant Studies  
PA Student Medical Clearance Forms**

---

**PA PROGRAM FORMS**

Completion of these forms will ensure each student meets all health requirements for enrollment in the MSU PA Program. **Please complete these forms upon receipt; these forms and requirements must be complete NO LATER than two (2) weeks after matriculation to remain in the program.** With consideration for the health and safety of patients, students, and faculty, failure to comply may result in dismissal from the program.

For more information regarding the Mississippi State PA Program requirements for enrollment see:

<https://www.meridian.msstate.edu/academics/physician-assistant/admissions/#application-process>

**Page 2-3: Authorization for Release of References and Copies of Immunization Records and Student Contact Information**

**Pages 4-5: Technical Standards for Admission to the Physician Assistant Program**

This document is for you, the student, to read, consider, and sign. If you have questions about these technical standards, you may contact the Mississippi State University – Meridian Student Services department at 601-483-0234 or [shamilton@meridian.msu.edu](mailto:shamilton@meridian.msu.edu).

**\*\*Pages 2-5 should be completed and returned to MSU-Meridian PA Program via email at [pa@meridian.msstate.edu](mailto:pa@meridian.msstate.edu).**

---

**Pages 6-10: Medical Clearance and Vaccination Verification**

It is the student's responsibility to review all forms, gather sufficient vaccination documentation, and present to your healthcare provider. Please ensure all forms are accurately and fully completed to avoid delays and complications. **The Medical Clearance Form is required and should be SUBMITTED TO EXXAT Approve once the student has obtained a username and MSU NetID. Students will receive communication directly from EXXAT once a MSU student account has been created on his/her behalf.** This form requires a healthcare practitioner to examine each student to determine readiness for clinical responsibilities. The vaccination clearance form ensures that vaccinations are compliant with current CDC guidelines for vaccinations for healthcare providers and PA program requirements. **The Medical Clearance Form requires a signature by the provider.**



**MISSISSIPPI STATE UNIVERSITY™**  
**MERIDIAN**  
Physician Assistant Studies

**Authorization for Release of References**  
**Permission to Keep Immunization Information on File**

I authorize the transmittal of reference letters, telephone reference requests and other application requirements including immunization history and health screening to prospective employers, job search agencies, health care facilities and graduate schools. Additionally, the faculty has my permission to keep copies of my immunization history, tuberculin screening and/or treatment history, medical clearance forms, urine drug screen and background checks on file.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Witness Signature

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



**MISSISSIPPI STATE UNIVERSITY™**  
**MERIDIAN**  
Physician Assistant Studies

**PA PROGRAM STUDENT CONTACT INFORMATION**

This form must be completed and returned to the **Mississippi State University via EXXAT Approve**. Failure to submit this form may result in your being denied entry into the MSU-Master of Physician Assistant Studies Program. Please print or type all entries.

**Identifying Data**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

MSU Student ID No: \_\_\_\_\_

Semester Entering: Spring Year \_\_\_\_\_ Status: PA Program

Date of Birth: \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Local Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, if different from above:  
\_\_\_\_\_

Emergency Contact Phone Numbers:

Work \_\_\_\_\_ Home \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**\*\*Enclose a photocopy of your medical insurance card, front and back.**

**\*\*Enclose a photocopy of your driver's license**

## **Technical Standards**

Mississippi State University-Meridian will consider for admission, progression, and graduation individuals who demonstrate the skills, knowledge and the ability to perform or learn to perform the skills described in this document. Individuals are assessed not only on their scholastic accomplishments, but also on their skills, knowledge, and abilities to meet the requirements of the program's curriculum and to graduate as skilled, safe, and effective practitioners of medicine.

Applicants and students must meet and maintain the following technical standards necessary to complete the MSU MPAS curricula. [3.15e]

### **Observation and Sensation**

The MPAS student must possess sufficient visual, auditory, and tactile sensation to receive appropriate information in the classroom, laboratory, and other educational and clinical settings. Sensation must be satisfactory to receive verbal and nonverbal communications from patients and others, and to perform inspection, auscultation, and palpation techniques during the physical examination.

### **Communication**

The MPAS student must be able to speak, hear, and observe patients, family members, and other clinicians. This includes expressive and receptive modes of verbal, nonverbal, and written communication. The student must have the ability to accurately assess receptive communication in order to make appropriate and timely responses. The student must be able to communicate attentively, effectively, and sensitively to others.

### **Motor Functions**

Students must have sufficient strength and coordination to perform the activities required of a physician assistant. These include but are not limited to performing a physical examination utilizing diagnostic instruments and techniques in palpation and percussion. Students must have sufficient stamina to sit, stand, and move within classroom, laboratory, examination rooms, treatment rooms, and operating rooms for long periods. The student must have sufficient coordination to move about patient care environments, and sufficient dexterity to use common medical instruments. Students must be able to arrange for transportation between educational and clinical settings.

### **Intellectual Capability**

Clinical problem solving and reasoning requires these intellectual abilities and encompass those to accurately measure, calculate, reason, analyze, integrate, learn, and retain information and make decisions in a timely manner. Students must be able to comprehend two and three-dimensional structures and must be able to understand diagnostic testing and treatment regimens.

### **Behavioral and Social Attributes**

PA students must possess the emotional health required for the use of their intellectual and mental abilities, including logical thinking, good judgment, impulse control, empathy, interest, and motivation. These abilities should be sufficient to assure the development and maintenance of therapeutic relationships with patients and those who care for them. Individuals must be able to maintain emotional health despite stress, uncertainty, and physically taxing workloads and to adapt to changing situations while handling the responsibilities associated with medical education and patient care.

MSU MPAS will consider for admission, progression, and graduation individuals who demonstrate the skills, knowledge and the ability to perform or learn to perform the skills described in this document. Individuals are assessed not only on their scholastic accomplishments, but also on their skills, knowledge and abilities to meet the requirements of the program's curriculum and to graduate as skilled, safe, and effective practitioners of medicine. Therefore, the following technical requirements apply.

1. The applicant/student must have the ability to observe and participate in experiments in the basic sciences.
2. The applicant/student must have the ability to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments in a timely manner.
3. The applicant/student must have sufficient use of the senses to learn to perform a physical examination.
4. The applicant/student must have the ability to establish and maintain professional relationships with patients, faculty, and peers.
5. The applicant/student must have the ability to learn to communicate effectively with patients and colleagues.
6. The applicant/student must have the ability to learn to perform routine laboratory tests and diagnostic procedures.
7. The applicant/student must have the ability to learn to perform appropriately in emergencies.
8. The applicant/student must have the ability to display good judgment in the assessment and treatment of patients.

These technical standards are aligned with the technical standards required of students matriculating in accredited U.S. medical institutions.

Applicants and students must be able to meet the demands and performance expectations required of the MSU PA student.

**TO THE STUDENT: I have reviewed the MSU MPAS Program Technical Standards, and, to the best of my knowledge, I do not have any condition (physical or mental) which will compromise my ability to perform the duties expected of me as a student in this program.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**MISSISSIPPI STATE UNIVERSITY™**  
**MERIDIAN**  
Physician Assistant Studies

**CONFIDENTIAL MANDATORY HEALTH FORM – PA PROGRAM**

**Section I: Health Questionnaire**

This certificate of health must be completed and returned to the **Mississippi State University via EXXAT Approve**. Failure to submit this form may result in your being denied entry into the MSU-Master of Physician Assistant Studies Program. Please print or type all entries.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student MSU ID No: \_\_\_\_\_

Semester Entering: Spring Year \_\_\_\_\_ Status: PA Program

Date of Birth: \_\_\_\_\_ Gender Identification: \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address, if different from above:

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

Emergency Contact Phone Number:

Work \_\_\_\_\_ Home \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Enclose a photocopy of your insurance card, front and back.**

**Section I: Health History**

**A. Are you allergic to any medications? Yes No**

Describe \_\_\_\_\_

**Do you have any other allergies? Yes No**

Describe \_\_\_\_\_

**B. Do you take any medications regularly? Yes No If yes, please list.**

\_\_\_\_\_

**C. Medical History: Circle all that apply to you –past or present.**

- |                      |                      |                       |                              |           |
|----------------------|----------------------|-----------------------|------------------------------|-----------|
| High Blood Pressure  | Asthma               | Hepatitis or jaundice | Headache                     | Pneumonia |
| Bronchitis           | Gall Bladder Dz      | Arthritis             | Heart Murmur                 |           |
| Colitis              | Low back pain        | Mitral Valve Prolapse | Heart Disease                |           |
| Tuberculosis         | Cancer               | Skin disorders        | Rheumatic Heart Disease      |           |
| Indigestion          | Diabetes             | Blood disorders       | Need dental premedication    |           |
| Constipation         | Thyroid Disease      | Loss of vision        | Sexually Transmitted Disease |           |
| Chest pain/tightness | Hemorrhoids          | Kidney disease        | Anxiety/ Depression          |           |
| Shortness of Breath  | Ulcers               | Gout                  | Alcohol/Drug Abuse           |           |
| Color Blindness      | Loss of joint motion |                       | Inability to lift or bend    |           |

**D. Do you have any significant, on-going health problems or concerns of which you want the MSU-Meridian PA Program to be aware? \_ Yes \_ No If yes, please explain.**

\_\_\_\_\_

**E. I will be entering the Master of Science in Physician Assistant Studies Program. I have included a copy of the TECHNICAL STANDARDS which apply to program admission.**

I give my permission to the EXXAT Approve to provide information on this Mandatory Health Form to the program marked above as required by that program (status of health and immunizations). *The actual form is confidential and will be kept in the EXXAT Repository files only.* **Yes No**

**F. I give my permission to EXXAT Approve to provide a copy of my immunization status to meet the requirements for my admission to MSU-Meridian PA Program. Immunization requirements are attached (CDC Guidelines for Health Care Providers) and results are kept in the EXXAT Repository.**

**Yes No**

**SIGNATURE REQUIRED**

Signature of Student

\_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

**Section II: Physical Examination**  
**(THIS SECTION TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

Eyes Glasses: \_\_\_ Yes \_\_\_ No Contact Lenses: \_\_\_ Yes \_\_\_ No Color Vision: \_\_\_ Yes \_\_\_ No

**Visual Acuity:**

Uncorrected: R. \_\_\_\_\_/20

L. \_\_\_\_\_/20

Corrected: R. \_\_\_\_\_/20

L. \_\_\_\_\_/20

System	Normal	Abnormal	Notes
Skin			
Hearing			
Head			
Ears, Nose Throat			
Neck: Thyroid			
Cardiovascular			
Lungs			
Breasts			
Abdomen			
Back and extremities			
Reflexes			
Range of Motion			
CN II-XII			

Recommendations for physical activity \_\_\_\_\_ Unlimited \_\_\_\_\_ Limited-explain \_\_\_\_\_

Please list current medications:

Please note allergies or sensitivities.

Does the student require a special diet? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Is this student presently under medical therapy or psychological counseling?

Explain any physical or emotional conditions, which you consider important.

Impression and Recommendations

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

The student is physically qualified to undergo a graduate-level health care training program. \_\_\_ Yes \_\_\_ No

Provider Name: \_\_\_\_\_ MD DO PA NP

Provider Signature: \_\_\_\_\_

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





### Vaccination and Tuberculosis Screening Form

Students matriculating into the Physician Assistant Program are required to meet Program and CDC recommendations for immunizations for healthcare providers as well as screening for tuberculosis. This form is two (2) pages. Review this form with your provider to be sure you are compliant with vaccine requirements. Please provide proof of vaccinations listed in this chart to EXXAT Approve.

**To the healthcare provider: Please review this form with the student to be sure compliance is met.**

Immunization History	
All students must demonstrate immunity as described below.	
Immunization/Screening	Required Documentation
Hepatitis B**	<input type="checkbox"/> <b>Quantitative</b> titer showing anti-HBs $\geq 10$ mIU/mL (antibody to hepatitis B surface antigen) OR <input type="checkbox"/> Complete Hepatitis B series <b>and quantitative</b> anti-HBs $<10$ mIU/mL with proof of progress through revaccination process documented as described below** <i>**If Hepatitis B Virus titer results are negative, students with history of Hepatitis B vaccination should receive a booster, then repeat titer 4 weeks later. If that repeat titer is negative, the student must complete the entire repeat Hepatitis B Virus vaccination series followed by a quantitative titer 4 weeks after the last dose. Students will be considered a "Non-Responder" to Hep B if the quantitative titer remains below 10 after these two documented series. A "Non-Responder" letter will need to be provided by clinician or physician. <b>Students who show proof of progress (ie awaiting additional vaccines or titers) through this process are considered in compliance for matriculation.</b></i>
Measles, Mumps, Rubella (MMR)	One of the following is required: <input type="checkbox"/> Two doses of MMR vaccine <input type="checkbox"/> Two doses of Measles, two doses of Mumps, and one dose of Rubella <input type="checkbox"/> <b>Positive IgG Antibodies</b> lab report (titer) showing immunity
Varicella (Chickenpox)	One of the following is required: <input type="checkbox"/> Two doses of varicella vaccine* <input type="checkbox"/> <b>Positive IgG ELISA</b> lab report (titer) showing immunity <i>*Two vaccine doses outweigh a negative titer.</i>
Tetanus, Diphtheria, Acellular Pertussis (Tdap)	<input type="checkbox"/> <u>One</u> dose within the last 5 years* <i>*Td vaccine is acceptable substitute if Tdap is medically contraindicated</i>
Influenza (Flu)	<input type="checkbox"/> <u>One</u> vaccine required <b>annually</b>



**MISSISSIPPI STATE UNIVERSITY™**  
**MERIDIAN**  
Physician Assistant Studies

<b>Meningococcal Group B</b>	<input type="checkbox"/> <u>Two</u> dose vaccine series within the past 5 years* <i>* Students under age 24 only</i>
<b>COVID-19</b>	<input type="checkbox"/> Moderna – Two doses <input type="checkbox"/> Pfizer-BioNTech – Two doses <input type="checkbox"/> Johnson & Johnson – One dose
<b>Tuberculosis Screening (TB)</b>	<u>One</u> of the following is required; 2-step skin-test is preferred if appropriate for the student: <input type="checkbox"/> 2-step PPD skin test (1 <sup>st</sup> year students) <input type="checkbox"/> QuantiFERON TB Gold/T-spot blood test (only for students with positive PPD results <i>or</i> students who have received the BCG vaccine) <input type="checkbox"/> Documentation of latent TB infection or treatment for active infection (required for students with positive QuantiFERON blood test)