



# Health Competence Examination

*Evaluations Office  
Enrollment Services*

*Please print or type*

**NOTE:** This is a competence examination. No units or grade are given for this examination; however, if a passing score is received on the exam, the competence requirement will be noted as met.

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## Student Information

Student Name (*Last, First, MI*): \_\_\_\_\_

Palomar ID#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone Number (*Include area code*): \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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## Department Information

Written Competence Exam:

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

Test Results: Pass \_\_\_\_\_ Score \_\_\_\_\_ No Pass \_\_\_\_\_ Score \_\_\_\_\_

Physical Competence Exam:

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

Test Results:

Jogging Pass \_\_\_\_\_ Score \_\_\_\_\_ No Pass \_\_\_\_\_ Score \_\_\_\_\_

Swimming Pass \_\_\_\_\_ Score \_\_\_\_\_ No Pass \_\_\_\_\_ Score \_\_\_\_\_

Stationary Bike Pass \_\_\_\_\_ Score \_\_\_\_\_ No Pass \_\_\_\_\_ Score \_\_\_\_\_

Test administered by (*print*): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date