



Name of client: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

**TO PHYSICIAN OR NURSE PRACTITIONER:** Each item on the medical examination form must be completed in order to meet contractual guidelines of affiliating agencies and the nursing program. If you do not provide diagnostic services for any of the requested data, please refer the applicant to the appropriate agency. Thank you. Academic Head, Division of Health Sciences

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**PHYSICAL EXAMINATION (Must be completed by the Physician or Nurse Practitioner);**

General State of Health \_\_\_\_\_  
Vital Signs: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_  
Nutritional Status \_\_\_\_\_  
Mental Status \_\_\_\_\_  
Skin \_\_\_\_\_  
Head (and neurologic status) \_\_\_\_\_  
Eyes, Ears, Nose, Throat (describe vision / hearing / teeth) \_\_\_\_\_  
Lungs \_\_\_\_\_  
Heart (rhythm, murmur, rub) \_\_\_\_\_  
Breasts \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Musculoskeletal \_\_\_\_\_  
Genitourinary (please include menstrual history, bowel / bladder problems) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Eligibility ( to be completed by the Physician / Nurse Practitioner)**

The student(s) enrolled in the Allied Health Programs are required to have cognitive, sensory, affective, and psychomotor performance ability and must have intellectual, interpersonal, and communication skills.

In addition, certain other abilities are necessary including: (1) emotional stability sufficient to assume responsibility/accountability for their actions; (2) fine motor ability sufficient to perform skills such as picking up, grasping, and manipulating small objects with the hands; (3) physical mobility and strength sufficient to move about in the clinical area and participate in client care (which could involve lifting, standing, stooping, pushing); (4) physical stamina sufficient to perform client care for the length of a work shift; (5) auditory ability sufficient for assessment of client health; and (6) visual acuity sufficient to see objects, to read fine print, and to distinguish color.

Based on this history and physical assessment, it is my opinion that \_\_\_\_\_ should be able to meet the requirements identified above.

Based on this history and physical assessment, it is my opinion that \_\_\_\_\_ should be able to meet the requirements identified above with the exception of \_\_\_\_\_ with the following restriction \_\_\_\_\_ or recommendations \_\_\_\_\_.

\_\_\_\_\_  
(signature) (title) (date)

\_\_\_\_\_  
(address) (telephone)

