(This page must be completed by applicant)

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle:** |
| **DOB:** | **Sex:** | **Student ID#:** |

**Medical History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Abdominal Pain | * Yes | * No | Hernia | * Yes | * No |
| Allergies | * Yes | * No | Kidney Disease | * Yes | * No |
| If yes, list: | | | High Blood Pressure | * Yes | * No |
| Anemia | * Yes | * No | Liver Disease/Hepatitis | * Yes | * No |
| Anxiety | * Yes | * No | Surgery | * Yes | * No |
| Asthma | * Yes | * No | If yes, date & type: | | |
| Back Pain/Injury | * Yes | * No | Thyroid Disease | * Yes | * No |
| Depression | * Yes | * No | Ulcers/Gastritis/GERD | * Yes | * No |
| Diabetes | * Yes | * No | Vision Problems | * Yes | * No |
| Eating Disorder | * Yes | * No | Smoke | * Yes | * No |
| Epilepsy/Seizure | * Yes | * No | Packs per week: | | |
| Headaches/Migraines | * Yes | * No | Alcohol Use | * Yes | * No |
| Head Injury/concussion | * Yes | * No | Drinks per week: Drinks per month: | | |
| Hearing Problems | * Yes | * No | Drug Use | * Yes | * No |
| Heart Disease/Murmur | * Yes | * No | Type/Frequency: | | |
| Other: | | | | | |

Current medications/herbs/supplements: ☐ Yes ☐ No If yes, list:

Who is your primary care physician? Have you ever been hospitalized? ☐ Yes ☐ No

If yes, give the date and reason for hospitalization:

Have you ever failed a physical examination? ☐ Yes ☐ No

If yes, please explain reason(s):

**This information may be shared with the department requesting Physical Examination and/or with the medical facility.**

|  |  |
| --- | --- |
| **The above information is true and correct to the best of my knowledge.** | |
| **Print Name:** | |
| **Signature:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| (This page must be completed by Physician/Examiner) | | |
| **Last Name:** | **First Name:** | **Middle:** |
| **DOB:** | **Sex:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height: | Weight: | B/P: | Pulse: | Resp: | LMP: |
| Vision Screening: | Right: 20/ | Left: 20/ | Both: 20/ |  |  |
| With Glasses: | Right: 20/ | Left: 20/ | Both: 20/ |  |  |
| Hearing Screening: | Right: | | Left: | | |

**EXAMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Basic Exam** |  | **Yes** | **No** | **Comments** |
| General: | Alert, well appearing, no apparent distress. | * ​ | * ​ |  |
| Ears: | Canal without tenderness or exudate.  TMs good landmarks/light reflex, no erythema. | * ​ | * ​ |  |
| Sinus: | Patent nares; no sinus tenderness to palpitation. | * ​ | * ​ |  |
| Pharynx: | No erythema, exudate; no tonsillar enlargement. | * ​ | * ​ |  |
| Neck: | Supple, no adenopathy; no thyromegaly. | * ​ | * ​ |  |
| Lungs: | Equal breath sounds; no respiratory distress; no  wheezes, rhonchi or rales. | * ​ | * ​ |  |
| Heart: | Regular rhythm, no murmurs, gallops or rubs. | * ​ | * ​ |  |
| Abdomen: | Active BS; soft; no tenderness, guarding, masses  or organomegaly; no CVA tenderness. | * ​ | * ​ |  |
| Skin: | No rashes, petechiae or other lesions. | * ​ | * ​ |  |
| Neuro: | DTRs + 2 bilaterally; strength 5 +/5+; Romberg  negative. | * ​ | * ​ |  |
| Back: | Straight, full ROM; non-tender to palpitation. | * ​ | * ​ |  |
| Other: |  | | | |

**After reviewing the physical requirements on page 3 and based on my clinical evaluation, I believe the student listed above is physically fit to attend the nursing program. Yes  No**

|  |  |  |
| --- | --- | --- |
| **Physician/Examiner Print Name & Credentials:** |  | |
| **Physician/Examiner Signature:** |  | Date: |
| **Facility Name:** |  | |
| **Facility Address/Phone:** |  | |

Nursing Program – Rev. 5/21/2024

**Physical Requirements for the Clinical Experience.**

1. **Standing/Walking** – The student must be able to stand and walk on carpet, tile, linoleum, asphalt and cement while providing and managing client care, gathering client supplies and medications, obtaining and returning equipment. Approximate distance = 3-5 miles.

2. **Sitting** – The student must be able to sit while communicating with or teaching clients.

3. **Lifting** – The student must be able to lift floor to knee, knee to waist, and waist to shoulder level while handling supplies using trays (5-10 pounds) and assisting with positioning patients in bed/moving patients on and off gurneys and exam tables (average weight 200 lbs) and ability to transfer patients with a maximum of 80-100 pounds by self.

4. **Carrying** – The student must demonstrate the ability to carry items at waist level.

5. **Pushing/Pulling** – The student must be able to push/pull, using carts, utilizing crash carts, opening and closing doors, pushing/pulling beds, gurneys and wheelchairs and moving equipment and furniture.

6. **Climbing/Balancing** – The student must demonstrate the ability to climb stairs going to and from other departments, offices and homes.

7. **Stooping/Kneeling** – The student must demonstrate the ability to stoop and kneel while retrieving supplies from medication carts, bedside stands, bathrooms, storerooms etc.

8. **Bending** - the student must demonstrate the ability to bend at the waist while performing patient assessments and treatments, gathering supplies, assisting patients with positioning, adjusting patient beds and exam tables, bathing patients and emptying drainage apparatus.

9. **Crouching/Crawling** – The student must demonstrate the ability to crouch and crawl under beds, behind beds and bedside to retrieve dropped items.

10. **Reaching/Stretching** – The student must demonstrate the ability to reach/stretch administering and monitoring IV therapy, gathering supplies, operating computers, disposing of equipment and linens, assisting with patient positioning, connecting equipment and linens, connecting equipment, cleaning equipment.

11. **Manipulating** – The student must demonstrate the ability to have hand-wrist movement, hand-eye coordination, simple firm grasping, and fine and gross motor dexterity required to calibrate and use equipment and perform CPR.

12. **Feeling** – The student must demonstrate tactile feeling required to complete physical assessment including palpating and notation of skin temperature.

13. **Twisting** – The student must demonstrate the ability to twist at the waist while gathering supplies and equipment, administering care and operating equipment.

14. **Communicating in verbal and written form** – The student must have 95% ability to communicate nursing actions, interpret patient responses, initiate health teaching, document and understand health care activities, and interact with patients, staff, faculty and peers

15. **Hearing** – The student must have the ability to hear and interpret many people and correctly interpret what is heard, auscultation, physician orders – whether verbal or by phone, patient reports and cries for help, fire and equipment alarms etc. Seeing – The student must have acute visual skills necessary to detect signs and symptoms, coloring and body language of patients, color of wounds and drainage, and possible infections anywhere. Interpret written words accurately, read characters and identify colors in the patient’s records and on the computer screen.

16. **Ability to drive self to/from clinical sites.**