

# Physical Examination Form For Nursing Students

To be completed by Health Care Provider

**Instructions:** This Physical Examination Form is to verify the health status of this student who has been accepted as a nursing major at Evergreen Valley College upon verification of adequate health status.

Pt. Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Pt. DOB: \_\_\_\_\_ Pt. E-mail address \_\_\_\_\_

Pt. Home Phone ( ) \_\_\_\_\_ Pt. Cell Phone ( ) \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ Vision \_\_\_\_\_ Urine Dip \_\_\_\_\_ Hb \_\_\_\_\_

**NL ABNL**

## Findings

<input type="checkbox"/>	<input type="checkbox"/>	Head/Neck	_____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	_____
<input type="checkbox"/>	<input type="checkbox"/>	ENT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lungs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac	_____
<input type="checkbox"/>	<input type="checkbox"/>	Breasts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	_____
<input type="checkbox"/>	<input type="checkbox"/>	GU (as indicated)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rectal (as indicated)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Back Strenght/Exremities	_____

**Yes No**

<input type="checkbox"/>	<input type="checkbox"/>	Ability to lift and carry up to 50 lbs.	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ability to exert up to 100 lb. force or push/pull	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ability to bend/stoop/squat/crawl	_____

**NL ABNL**

<input type="checkbox"/>	<input type="checkbox"/>	Neuro	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lymphs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Skin	_____

Remarks: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

Physicians Office Stamp or Printed/ Signed Signature:

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