

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: _____