

Pre-Employment Physical Form for Nurses

Nurse Candidate Information

- Name: _____
- DOB: _____
- Position: _____
- Department: _____

Physical Assessment

- Height/Weight: _____
- Blood Pressure/Pulse: _____
- Vision Screening: _____

Nursing Physical Requirements

- Ability to Lift: ☐ Yes ☐ No
- Ability to Stand for Long Periods: ☐ Yes ☐ No
- Other Physical Requirements: _____

Physician's Notes

- Overall Fitness for Nursing Position: ☐ Yes ☐ No
- Restrictions: _____
- Additional Comments: _____

Physician's Signature: _____ Date: _____

Applicant Consent: I hereby consent to the evaluation of my physical fitness for the nursing position.

Signature: _____ Date: _____