

Pre Employment Physical Form for Nurses

Nurse Applicant Details

- Name: _____
- Date of Birth: _____
- Position Applied For: Nursing _____
- Department: _____

Medical History Overview

- Past Medical History: ☐ Yes ☐ No
 - If yes, describe: _____
- Allergies: ☐ Yes ☐ No
 - If yes, list: _____
- Current Medications: _____

Nursing Physical Assessment Checklist

- Vital Signs: Blood Pressure: _____ Pulse: _____
- BMI Calculation: Height: _____ Weight: _____
- Vision Screening: Right: _____ Left: _____ Both: _____
- Audiometry Test: ☐ Pass ☐ Fail
- Musculoskeletal:
 - Dexterity Test ☐ Pass ☐ Fail
 - Lifting Ability ☐ Pass ☐ Fail
- Immunization Status:
 - Hepatitis B ☐ Yes ☐ No
 - TB Test ☐ Yes ☐ No
 - MMR ☐ Yes ☐ No



Required Screenings

- Drug Screening: ☐ Yes ☐ No
- Tuberculosis Test: ☐ Yes ☐ No
- Fitness for Duty Assessment: ☐ Yes ☐ No

Healthcare Provider Comments:

Certification by Healthcare Provider

Signature: _____ Date: _____

Consent by Applicant

I affirm the accuracy of the provided information.

Signature: _____ Date: _____