



DIRECTIONS: Have your physician fill out and sign the Health Record and Certification of Immunizations. Both must be submitted to the Department of Nursing as specified in the course syllabus. The physical must be completed **no sooner** than 3 months before the first day of class.

Name _____ Birth Date _____
Last First Middle

Home Address _____
Phone No. _____

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings:

_____ Cardiovascular System	Remarks _____
_____ Respiratory	Remarks _____
_____ Gastrointestinal	Remarks _____
_____ Genitourinary-Gynecologic	Remarks _____
_____ Central Nervous System	Remarks _____
_____ Musculo-Skeletal	Remarks _____
_____ EENT(include visual & hearing acuity)	Remarks _____
_____ Scoliosis	Remarks _____

List all medications student is taking. _____

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)? _____

The clinical experience for nursing students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical nursing experiences. _____

This is to certify that I have examined this student and find that he/she is able to participate in ANY clinical nursing experiences.

Date of examination _____

Examining Physician _____
Address _____

II. REQUIRED IMMUNIZATIONS

Immunizations on the reverse side of this form must be documented by a physician, their office personnel or a health department representative. Students are not authorized to complete the form.