



Nursing Student Physical Examination Form

Name: _____

1. (To be completed by examiner or examiner's staff).

Temperature _____ Pulse _____ Respirations _____ BP _____
Vision _____ Hearing Exam _____

2. Examination (To be completed by examiner)

Body System	Normal	Abnormal	Comments
EENT			
Neck			
Chest			
Heart			
Abdomen			
Extremities			
Back			

3. Is the applicant taking any medications that could result in a positive drug screen?
Yes ___ No ___

4. In view of the rigorous requirements of a nursing program and the result of your physical examination, patient's current medications, and patient's mental and emotional stability, do you believe that this applicant is physically/emotionally able to safely complete a nursing program?

___Yes ___No If No, please explain:

Licensed Health Care Provider (Physician, Nurse Practitioner, or Physician Assistant)

Printed Name: _____

Signature: _____

Date: _____