

As of 11.3.17

**FREED-HARDEMAN UNIVERSITY – DEPARTMENT OF NURSING  
158 EAST MAIN STREET  
HENDERSON, TN 38340**

**NURSING STUDENT PHYSICAL EXAMINATION FORM**

**Section 1: Student Self Report of Medical History --- Please Print**

<b>Last Name</b>		<b>First Name</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home phone</b>		<b>Cell phone</b>		
<b>Email address</b>				
<b>Emergency Contact Name</b>	<b>Relationship</b>		<b>Contact at:</b>	

**Allergies:**    \_\_\_ None    \_\_\_ Latex    \_\_\_ Penicillin/Ampicillin    \_\_\_ Other: \_\_\_\_\_

<b>Review of Systems / Medical History – Please check all that apply</b>			
Abnormal bleeding		Hernia	
Allergies		High Blood Pressure	
Anemia		High Cholesterol	
Anxiety		Intestinal / Stomach Trouble	
Arthritis		Low Back Condition / Scoliosis	
Asthma		Mental Disorder	
Cancer of:		Mononucleosis	
Chest pain		Neck Condition	
Chronic cough		Neurological Disorder	
Concussion / Head Injury		Orthopedic Disorder	
Depression		Prior Surgery	
Diabetes		Rheumatic Fever	
Ear Trouble / Hard of Hearing		Seizure Disorder	
Eating Disorder		Sickle Cell Trait	
Eye Trouble / Vision Loss		Sinus Problems	
Fracture of:		Skin Disease	
Gallbladder Disease		Splenectomy	
Headaches / Migraines		Sprain of:	
Heart Murmur or Arrhythmia		Syncope / Fainting	
Heart Problems (other)		Thyroid Disease	
Hepatitis		Tuberculosis	

**Provide information regarding any of the boxes checked above. Explain medical/psychological occurrence and current status.**

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## **Section 2: Medical History & Physical Examination**

**Examiner:** Please examine this student as you would for a routine check-up. This student will be working closely with people in various health settings. Please indicate/comment on any abnormal findings; using additional sheets if necessary for providing further documentation.

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Cardiovascular			
Endocrine/Metabolic			
Eyes/Ears/Nose/Throat			
Gastrointestinal			
Genitourinary			
Integumentary			
Musculoskeletal			
Neurological			
Respiratory			
<b>PHYSICAL REQUIREMENTS</b>			
	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Lift 20-30lbs			
Pushing/Pulling 20-30lbs			
Squatting/Kneeling			
Bending			
Reach over shoulder			
<b>MEDICATION (S) CURRENTLY BEING TAKEN</b>			

**Examiner:** Summarize diagnosis, treatment and prognosis or provide any official documentation as it relates to any “yes” answer below.

**Is the student under treatment for any medical, surgical, or mental disorder?** YES NO

If yes, please provide details:

**Is the student limited from participating in physical activities in the clinical area?** YES NO

If yes please specify limitations:

<b>Recommendation regarding this student's ability to perform in classroom, lab, and clinical setting:</b>		
No Reservation: _____	Reservation: _____ Explain: _____	Not Able: _____ Explain: _____

**Signature of Examiner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider's Address:** \_\_\_\_\_

**Provider's Telephone Number:** \_\_\_\_\_

*Information detailed on the Nursing Student Physical Examination Form is legally privileged and confidential. It is intended for use by the Freed-Hardeman University Nursing program unless consent has been provided for release to other parties.*