



Healthcare Provider's Report of Physical Examination

Personal Information

Name _____ Height _____ Weight _____
 Blood Pressure _____ Pulse _____ Temp _____

	NORMAL	ABNORMAL	Remarks
Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Strength/ Endurance	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	

Is this person physically and emotionally able to take regular classwork (including P.E.)? Yes No

If not, why not? _____

Health Summary

Is there anything significant that may affect this person's ability to perform nursing duties? _____

Current conditions/treatments that may impact this person's success in the nursing program: _____

Professional Information & Signature

Date _____ Signed _____

Address _____

Licensed in the State of _____