

Nursing Training Center, LLC

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PHYSICAL EXAMINATION FORM

Name: _____ Date: _____

AGE	HEIGHT	WEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE	RESPIRATIONS

Please put down your assessments of the following or if there are any comments otherwise:

1. Head _____
2. ENT _____
3. Chest _____
4. Lungs _____
5. Heart _____
6. Abdomen _____
7. Neurologic _____
8. Skin _____
9. Genitalia _____
10. Spine/Back _____ any previous injury date: _____
11. Shoulders _____ any previous injury date: _____
12. Upper extremities _____ any previous injury date: _____
13. Lower extremities _____ any previous injury date: _____

To the best of your knowledge, the above-named individual is free from communicable diseases and is in suitable emotional health? _____

To the best of your professional opinion, is the above-named individual physical fit and capable of meeting the demands that a student entering the healthcare field requires (lifting at least 50 pounds, bending, stooping, client transfers, lifting, etc?) _____

Please identify/summarize any problems that could interfere with this individual's work performance or prevent him/her from performing the required duties of the job: _____

Physician's

Name: _____ Signature: _____ Date: _____

PHYSICIANS OR NURSE PRACTITIONER'S OFFICIAL STAMP HERE (MUST BE PRESENT)