

PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR NURSE PRACTITIONER

DISCLOSURES					
CURRENT COMPLAINTS OR DISABILITIES PERTINENT TO THE STUDENTS' EDUCATION IN THE MEDICAL/NURSING FIELD					
SIGNIFICANT MEDICAL HISTORY: ACCIDENTS, ILLNESSES, DEFORMITIES, SURGERIES, BACK PROBLEMS, HEPATITIS, ETC.					
MEDICATION CURRENTLY IN USE: (PRESCRIPTION OR OVER THE COUNTER)					
NAME		REASON		FREQUENCY	
1.					
2.					
3.					
EXAMINATION FINDINGS AND COMMENTS					
EYES		CHEST / LUNGS		MUSCULOSKELETAL	
NOSE / THROAT		CHEST / CARDIAC		GENITALS	
MOUTH		GI		NEURO	
NECK		GU			
IMMUNIZATIONS					
VACCINE	DATE ADMINISTERED	DATE OF RESULTS		RESULTS	
Hepatitis B					
MMR					
Influenza					
Tuberculosis (2-step PPD)	DATE & TIME ADMINISTERED	LOT#	SITE	DATE & TIME READ	RESULTS
	ADMINISTERED BY	LOT Exp.		READ BY	DURATION
					cm
Tuberculosis (Chest X-Ray)	DATE ADMINISTERED	RESULTS			
<input type="checkbox"/> The above named has no communicable or disabling disease or any health condition that would create a hazard to themselves, visitors, fellow employees or to patients at this time. This student is able to perform the physical activities required for the program which the individual is applying to.					
Examiner Name		Examiner Signature			Date
<input type="checkbox"/> I authorize Curam College to release a copy of this form to the affiliated clinical facilities.					
Student Name		Student Signature		Student ID	Date