

**Capital Area School of Practical Nursing**  
**Student Physical Examination Form**

Date \_\_\_\_\_

Name	
DOB	
Street Address	
City, State, Zip	
Cell Phone	
Email Address	

**HEALTH QUESTIONNAIRE TO BE COMPLETED BY APPLICANT:**

Check Appropriate Box  
Yes No

Do you have any physical limitations that would affect your ability to lift, turn or transfer patients or equipment?		
Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice as a health professional?		
Do you have any other condition that might interfere with your ability to practice in the health profession?		

If you answered **"Yes"** to any of the above, please explain:


Include any significant information regarding previous medical, surgical, psychiatric conditions and any use of alcohol and/or drugs:


Are you currently pregnant? \_\_\_\_\_ If yes, when is your due date? \_\_\_\_\_

**TO BE COMPLETED BY A PHYSICIAN OR NURSE PRACTITIONER**

General Appearance:				
Height	Weight	B/P	Pulse	Respirations

**Check the appropriate boxes below:**

Physical Findings	Normal	Abnormal	Describe Abnormality (Use separate sheet if needed)
Eyes, Ears, Nose & Throat			
Endocrine			
Cardiovascular			
Respiratory			
Gastrointestinal			
Musculoskeletal			
Extremities			
Skin			
Neurological			
Mental Health			

**Medication taken on regular basis or as needed:**

Date Started	Medication	Dosage	Route	Indications

**Allergies:** \_\_\_\_\_

**Essential Functional Abilities of the Nursing Student**

*Each student must have a complete physical examination and have their healthcare provider initial each section and sign at the bottom of this form prior to entering the program.*

Issue	Examples of Necessary Activities Not all-Inclusive	Standard
<b>Mobility</b> Reviewed by _____ <i>initials</i>	Move from place to place independently, maneuver to perform nursing activities, move in small spaces, perform CPR, lift 50 pounds and exert up to 100 pounds force to push/pull. Able to bend, squat, kneel, twist, reach above shoulder level and climb stairs. Able to stand for extended periods of time	Physical abilities to sufficiently care for patients in small spaces and move from room to room.
<b>Motor Skills</b> Reviewed by _____ <i>initials</i>	Perform manual psychomotor skills by maintaining balance in standing and sitting positions, hand and finger coordination allowing the student to grasp, twist, pinch and squeeze. Able to position patients, use hands repetitively, travel to/from academic sites. Able to complete electronic documentation	Gross and fine motor skills sufficient to provide safe and effective care.
<b>Hearing</b> Reviewed by _____ <i>initials</i>	Hear monitor alarms, pump alarms, call bells, intercom, emergency alarms, auscultatory sounds, and patient's or visitor's call for help.	Auditory ability sufficient for monitoring and assessing health needs.
<b>Visual</b> Reviewed by _____ <i>initials</i>	Observe patient for multiple needs: Skin assessment, wound assessment, color changes, medication administration. Able to read the information on a computer screen. Depth perception.	Visual ability sufficient for observation, assessment and documentation for safe nursing care.
<b>Communication</b> Reviewed by _____ <i>initials</i>	Interact with others, speak, write and understand English at a level to effectively communicate with patients as well as report and document patient information. Understand flow charts, graphs to interpret data and enter data. Read and understand digital and computer displays. Initiate health teaching.	Abilities sufficient for verbal, nonverbal and written communication with patients, families and other healthcare providers.
<b>Emotional Stability</b> Reviewed by _____ <i>initials</i>	Interact and support patients during times of stress and emotional upset, adapt to changing and emergency situations while maintaining emotional control, manage patients with strong emotions and physical outburst while remaining in a reasonably calm state, deal with numerous interruptions and multiple demands while still completing tasks	Stable emotional state to care for patients with strong emotional situations, ensuring patient safety.

**I certify that the above named student has been examined by me. This student is found to be in good physical and mental health as outlined above. I have determined that this student may participate in laboratory, lecture and clinical experiences with NO restrictions.**

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date

Printed Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_