

REPORT OF MEDICAL HISTORY FOR STUDENTS IN NURSING PROGRAMS (Required)

NAME _____
Last First Middle Maiden

HOME ADDRESS _____
Street City State Zip

PAST HISTORY OF APPLICANT

Allergies/drug reactions: _____
Diabetes/endocrine diseases: _____
Tuberculosis/respiratory problems: _____
Rheumatic fever/heart problems: _____
Epilepsy/convulsions/fainting: _____
Hepatitis B carrier: _____
Chronic fatigue/backache: _____
Headache/tremors: _____
Other illnesses, operations, injuries: _____

PHYSICAL ASSESSMENT

Age: _____ Height: _____ Weight: _____
BP: _____ TPR: _____ LAB VALUES: (Abnormal)

The next section includes physical and mental health criteria that meet employer's expectations for practical nursing performance.

EYES: Near Vision correctable at 13" to 16" Jaeger #2

Far Vision correctable in one eye to 20/40 and to 20/100 in the other

Vision: _____
Glasses: _____
Color Vision: _____

EARS: Hearing (one aid permitted with ability to hear conversational voice 15 feet - one ear)

Hearing/discharge: _____
SKIN - _____

Physical strength and mobility:

Please check one answer (yes or no); if no, please explain.

Heavy lifting up to 50 pounds - Yes No _____
Heavy carrying, 45 pounds and over - Yes No _____
Straight pulling (3-4 hours/shift) - Yes No _____
Pushing (3-4 hours/shift) - Yes No _____
Reaching above shoulder (1 hour/shift) - Yes No _____
Use of fingers - Yes No _____
Both hands required or compensated
by the use of acceptable prostheses - Yes No _____

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Walking 8 hours - Yes No _____
Standing 8 hours - Yes No _____
Repeated squatting (3-4 hours/shift) - Yes No _____
Climbing, legs only (1-2 hours/shift) - Yes No _____
Both legs required - Yes No _____
Operation of medical equipment - Yes No _____

Emotional and mental aptitude:

Please check one answer (yes or no); if no, please explain.

Ability to process and respond to a sequence
of verbal instructions - Yes No _____
Ability to read and accurately interpret written
concepts (symbols and words) - Yes No _____
Ability to accurately transcribe verbal
information (symbols and words) - Yes No _____
Ability to perform multiple tasks simultaneously - Yes No _____
Ability to accept constructive feedback concerning
academic performance - Yes No _____
Ability to communicate effectively with others - Yes No _____
Ability to maintain interpersonal professional
relationships - Yes No _____
Medications: _____

Additional Comments:

Is there any medical or emotional reason it might be questionable for this person to undertake
the nursing program? _____ Explain: _____

Signature: _____
(Personal Physician)

Date _____