

Physical Examination Form for Nurse Assistant Student

To be completed by Healthcare Provider (Both Sides)

OFFICE MUST INCLUDE FACILITY STAMP ON THIS FORM

Instructions: This Physical Examination Form is to verify the health status of a person who has applied for either a CNA or QMA training program at Indiana Nursing Academy. Students are required to have a physical exam before placement into the clinical setting.

Student Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Address: _____ E-mail: _____

Home Phone () _____ Cell Phone () _____

Date of Physical Exam: _____ Do you wear glasses or contacts? Yes _____ No _____
Worn during eye exam? Yes _____ No _____

1. Current Complaints or disabilities pertinent to the student's education in the Nurse Assistant Program:

2. Significant Medical History: Major illnesses, deformities, surgeries, back problems, hepatitis etc.

Height _____ Weight _____ BP _____ P _____ R _____ Temp _____ SpO2 _____

Vision: R _____ L _____ Pain Scale _____

NL	ABNL	Findings
		Head/Neck
		Eyes
		ENT
		Lungs
		Cardiac
		Breasts
		Abdomen
		GU (as indicated)
		Rectal (as indicated)
		Back strength/extremities
Yes	No	Ability to lift/carry up to 50lbs
		Ability to exert up to 100lbs force or push/pull
		Ability to bend/stoop/squat/crawl
NL	ABNL	Findings
		Neuro
		Reflexes
NL	ABNL	Findings
		Lymphs
		Skin

Remarks:

The above named is sufficiently free of communicable, disabling disease and able to perform the physical activities required for the program he/she is applying for. He/She does not have any health condition that would create a hazard for himself/herself, fellow students, employees, residents, or visitors.

Medical Examiner: _____ Phone Number: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Physician (MD) or Nurse Practitioner or Physician's Assistant

Student Signature: _____

I give permission to release a copy of this form to affiliating clinical facility.

Facility Stamp
