

Tennessee College of Applied Technology Elizabethton Medical History and Physical Examination Practical Nursing

This report must be completed by a Physician, Physician’s Assistant, or Nurse Practitioner and filed with the school registration requirements. However, you, the applicant, may complete the medical history section, then allow your healthcare provider to review the section when performing the physical examination. Physical examination must be within 3 months prior to date of admission.

NAME: _____

MEDICAL HISTORY 1. Have you ever had any of the following? (Please check all that apply) _____ Skin Problems _____ Diabetes _____ Thyroid Disorder _____ Asthma _____ Heart Trouble _____ Kidney Disease _____ Jaundice _____ Hearing Problems _____ Rupture/Hernia _____ Migraines _____ Back Injury _____ High Blood Pressure _____ Cancer _____ Hepatitis _____ Eye/Vision Problems _____ Epilepsy/Seizure Disorder If you checked any of the above, please explain.

2. Do you have any allergies?(List) _____

3. List any additional illnesses, surgeries, or injuries and give dates.

4. At present are you taking any medications or receiving any medical treatment? If so please list:

_____ (Please attach additional sheets if needed)

5. Have you had any treatment for drug or alcohol problems? _____ If so, please explain:

6. Have you ever had any emotional problems? _____ If so, list treatment received:

7. Are there any barriers that may affect your ability to care for and communicate with a patient? If so please explain:

8. Do you have any physical limitations that would prevent you from lifting up to 150 pounds, standing or bending? If so, please explain:

____ Applicant Signature _____ Date _____

Physical Exam Form

To be completed by Physician, Physician's Assistant, or Nurse Practitioner

NAME OF APPLICANT: _____

BLOOD PRESSURE: _____/_____ PULSE: _____

EYES: _____

(If glasses are needed, they should be obtained before entering the program.)

HEARING: _____

SKIN: _____

LUNGS: _____

HEART: _____

GI: _____

GU: _____

NEUROLOGICAL STATUS: _____

MUSCULOSKELETAL: _____

The applicant must be able to bend, stoop, lift, turn, can transfer a 150-pound patient as required by many health care employers. In your medical opinion, would this person be able to perform these duties? YES _____ NO _____

COMMENTS: _____

Do you consider the applicant mentally and physically suited to undertake a position in nursing? -----

YES _____ NO _____

COMMENTS: _____

Based on your findings, are other tests indicated? _____ If so, please list these tests and their results.

By signing this physical examination form, I verify that: -- This individual is mentally stable and able to safely administer prescribed medication, make prudent nursing judgments and take verbal orders accurately. -- This individual can transfer a 150-pound patient as required by many health care employers.

COMMENTS: _____

Healthcare Practitioner's Signature: _____ DATE: _____

Business

Address: _____

Telephone: _____

******Required Lab Work: Please enclose a copy of the results of a Complete Blood Count (CBC) with your completed physical. The CBC must be done within six months of admission to the program. Drug Screen (this will be collected on an unannounced day at the school. This is the only drug screen accepted. These will be reviewed by a Medical Review Officer, and then sent directly to the school.)******