

Annual Physical Examination Form: EVC Nursing Students

To be completed by Health Care Provider within 3 months of enrollment year

Instructions: This Physical Examination Form is to verify the health status of this student who has been accepted as a nursing major at Evergreen Valley College upon verification of adequate health status.

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

Pt. DOB: _____ Pt. Email Address: _____ Pt: Cell Phone: _____

Date of Exam: _____

HT _____ WT _____ BP _____ P _____ Vision _____

NL	ABNL	Findings
<input type="checkbox"/>	<input type="checkbox"/>	Head/Neck _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes _____
<input type="checkbox"/>	<input type="checkbox"/>	ENT _____
<input type="checkbox"/>	<input type="checkbox"/>	Lungs _____
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac _____
<input type="checkbox"/>	<input type="checkbox"/>	Breasts _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen _____
<input type="checkbox"/>	<input type="checkbox"/>	GU (as indicated) _____
<input type="checkbox"/>	<input type="checkbox"/>	Rectal (as indicated) _____
<input type="checkbox"/>	<input type="checkbox"/>	Back Strength/Extremities _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Ability to lift and carry up to 50 lbs. _____
<input type="checkbox"/>	<input type="checkbox"/>	Ability to exert up to 100 lb. force or push/pull _____
<input type="checkbox"/>	<input type="checkbox"/>	Ability to bend/stoop/squat/crawl _____

NL	ABNL	
<input type="checkbox"/>	<input type="checkbox"/>	Neuro _____
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes _____
<input type="checkbox"/>	<input type="checkbox"/>	Lymphs _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin _____

Remarks: _____

Patient Signature: _____

Date: _____

Physician's Office Stamp AND Printed/ Signed Signature:

Date: _____