

**Evergreen Valley College Nursing Program**  
**PHYSICAL FORM**

\_\_\_\_\_  
(Date)

To the Student:

This form must be filled out and submitted within one month prior to you begin your nursing courses. Additionally, update the form if there is any change in your health status. Please upload the completed form to the Complio website, which you will receive access to at orientation, by June 30th. Also, keep the original copy of this completed health statement in your personal files at home. In your own files at home.

-----

From your Physician, or Nurse Practitioner, or Physician Assistant:

I have examined \_\_\_\_\_

(Print: **Last Name**, First, Middle Initial of the Student)

and find her/him to be in (circle) \_\_\_\_\_ health.

(excellent, good, fair or unsatisfactory)

In your judgement, is the student's health such that she/he would be able to give satisfactory patient care?

\_\_\_\_\_  
\_\_\_\_\_

In your judgement, is the student's mental and physical health such that she/he would be able to complete the program? \_\_\_\_\_

***Please be advised: The school recommends that nursing students be able to lift at least 25 pounds and require that students not have active substance abuse problems. All students must complete a drug screen prior to beginning clinical. Please address these issues with the student.***

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(or stamp)

Title: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone:   (    )   \_\_\_\_\_ Date: \_\_\_\_\_

**Health Care Provider (Physician/Nurse Practitioner/Physician Asst): Please return this completed form to the student, so he/she can upload to Complio online vendor. Thank you**