



BSN PROGRAM ADMISSION PHYSICAL EXAMINATION FORM

Student Name: _____ Student ID: _____

I have obtained a complete history and performed an appropriate physical examination on the student whose name appeared above. The following summarizes my findings of this evaluation.

History of significant past medical, surgical, or mental health conditions, including hospitalizations:

☐ None

☐ Significant History (please indicate in the text box below):

1. Medications

☐ None

☐ Current Medications (please indicate in the text box below):

2. Allergies

☐ None

☐ Medication/Food/Environmental Allergies. Specify nature of reaction (please indicate in the text box below):



3. Physical Examination Findings

☐ All findings within normal limits

☐ Abnormal findings are as follows (please indicate in the text box below):

4. Student's Performance Standards

Yes	No	Performance Standards
		Critical thinking ability is sufficient for clinical judgment.
		Interpersonal abilities are sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
		Communication abilities are sufficient for interactions with others in verbal and written form.
		Physical abilities are sufficient to move from room to room and maneuver in small places.
		Gross and fine motor abilities are sufficient to provide safe and effective nursing care.

5. Overall Findings

☐ The student is able to perform all duties expected of a Health Care Provider without accommodations.

☐ The student is able to perform duties expected of a Health Care Provider with the following accommodations (please indicate in the text box below):

Name of the Physician: _____

Signature and Date: _____

Address and Phone Number: _____

Note: Submit this form to the CoN office. Your registration is not complete until the signed form has been received.