



Appendix E

MEDICAL CLEARANCE FORM

Physician/NP: We rely heavily on your history with and examination of this nursing student. We appreciate as much information as possible on history and physical examination. Thank you.

Name _____ Social Security Number (last 4) _____

Blood Pressure (1) _____ (2) _____ Pulse _____ Ht. _____ Wt. _____

Vision (without glasses): Right _____ Left _____ (with glasses) Right _____ Left _____

Allergies _____

Clinical Exam: Check each Item in appropriate column. Elaborate as needed.

Normal Abnormal

- H.E.E.N.T.
Pupil Size
Skin
Heart
Lungs
Abdomen
Hernia and Genitalia (males)
Neurological
Spinal Column (scoliosis, etc.)
Upper Extremities
Lower Extremities

Present Health Problems:

Comments/Recommendations:

Restrictions:

Required for all Nurse Practitioner Students: Rubella Screen Mumps Screen
(May attach records/reports) Results (+/-) and Date Results (+/-) and Date

Rubella Screen Varicella Screen Tdap shot date
Results (+/-) and Date Results (+/-) and Date

TB PPD (1) TB PPD (2) (OR) CXR
Date Read and Result Date Read and Result Result and Date

Yes No The student named above is physically and mentally able to perform duties of a nursing student.

Provider's Address City State Phone:
Provider's Signature Date: