

**Grossmont College Nursing Education Department
MEDICAL EXAMINATION FORM**

(Physical examination must be done no more than 6 months prior to entering the program)

TO THE PHYSICIAN: Grossmont College requires a physical examination for students enrolling in the Nursing Program. A statement of your knowledge of this student's health (mental and physical) will be greatly appreciated. This report goes directly to the Nursing Education Department and will be released only to authorized college, clinical facilities and hospital personnel.

STUDENT'S NAME _____
 (PRINT) *Last* *First* *Middle Initial*

DISCLOSURE AND CERTIFICATION STATEMENTS

I hereby grant permission for the release/disclosure of health screening medical information between and among authorized college, clinical facilities and hospital personnel.

 Applicant's Signature

 Date

| Health History – to be completed by student. | CHECK "YES" or "NO" | |
|---|----------------------------|----------------------|
| 1. Have you ever been hospitalized? | Yes | No |
| a. List health problem: | Date: | |
| b. List operations performed: | Date(s): | |
| | | |
| 2. Are you under a physician's care now? | Yes | No |
| a. List name of personal M.D.: | | |
| b. List health problems: | | |
| c. Are you taking medications on a regular basis? | Yes | No |
| List: | | |
| 3. Do you have any allergies? | Yes | No |
| List medications you are allergic to: | | |
| List other allergies: (food, pollen, contact, animal, dust): | | |
| 4. a. Have you had a back or neck or wrist injury? | Yes | No |
| b. Have you had an injury to any muscle, bone, ligament or tendon? | Yes | No |
| c. Was medical attention or surgery required? | Yes | No |
| Please explain: | | |
| 5. Do you smoke? Packs per day = | Yes | No |
| PLEASE INDICATE WITH A CHECK IF YOU OR A FAMILY MEMBER HAVE HAD: | SELF | FAMILY MEMBER |
| a. Hypertension (High blood pressure) | | |
| b. Heart disease | | |
| c. Diabetes | | |
| d. Cancer | | |
| e. Tuberculosis | | |
| f. Seizure disorder | | |
| g. Asthma | | |
| h. Chickenpox | | |
| i. Drug and/or alcohol abuse | | |

**To be completed by the
PHYSICIAN:**

BP _____ P _____ R _____ Ht. _____ Wt. _____

| | Normal | Abnormal | | |
|---|--------|----------|---|--|
| Vision: | _____ | _____ | R.Eye 20/ Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No | L.Eye 20/ C/Lens <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing: | _____ | _____ | 500 hz | R. Ear _____ dcb L. Ear _____ dcb |
| If Abnormal , please complete the following decibel information. | | | 1000hz | _____ dcb _____ dcb |
| | | | 2000hz | _____ dcb _____ dcb |

PHYSICAL EXAM:

| | Normal | Abnormal | Description: |
|-----------------------|--------|----------|--------------|
| 1. General Appearance | _____ | _____ | _____ |
| 2. Skin | _____ | _____ | _____ |
| 3. Nodes | _____ | _____ | _____ |
| 4. Skull | _____ | _____ | _____ |
| 5. Ears | _____ | _____ | _____ |
| 6. Eyes | _____ | _____ | _____ |
| 7. Nose | _____ | _____ | _____ |
| 8. Oropharynx | _____ | _____ | _____ |
| 9. Dental | _____ | _____ | _____ |
| 10. Neck & Thyroid | _____ | _____ | _____ |
| 11. Chest | _____ | _____ | _____ |
| 12. Cardiovascular | _____ | _____ | _____ |
| 13. Abdomen | _____ | _____ | _____ |
| 14. Hernia Check | _____ | _____ | _____ |
| 15. Musculoskeletal | _____ | _____ | _____ |
| a. Neck | _____ | _____ | _____ |
| b. Back | _____ | _____ | _____ |
| c. Shoulders | _____ | _____ | _____ |
| d. Knee | _____ | _____ | _____ |
| e. Ankle | _____ | _____ | _____ |
| f. Feet | _____ | _____ | _____ |
| g. Other | _____ | _____ | _____ |
| Neurological | _____ | _____ | _____ |

Comments: _____

Grossmont College Nursing Education Supplemental Medical Guidelines

To be completed by the PHYSICIAN:

Nursing students must be able to do total patient care in all nursing areas without physical, emotional or psychological limitations. Written documentation of complete recovery from any previous injury and/or illness must be provided. Following is a brief description of the type of physical activities that students will perform while working with patients in the hospital.

1. Moderate to heavy lifting and carrying (50 pounds).
2. Pushing, pulling, bending and kneeling around patients using various types of hospital equipment such as wheelchairs, gurneys, lifting devices and specialized beds.
3. Fine motor dexterity using both hands while preparing medications and manipulating a variety of instruments and assessment devices.
4. Rapid mental processing and simultaneous motor coordination.
5. Extensive periods of walking and standing.
6. Visual discrimination including depth perception and color vision.
7. Ability to hear the spoken word in settings where other sounds are present.
8. Working with hands in water (frequent handwashing is required).
9. Working with various materials and substances to which some individuals may be allergic.
10. Casts, splints, braces are not allowed in clinical settings.

Mark the appropriate box below:

After reviewing the "Supplemental Medical Guidelines" listed above and based on findings from the patient's history and physical exam, I certify that the above student is physically and mentally capable of fully participating in the Grossmont College's Nursing Program.

The following health problems(s) should be further evaluated **PRIOR** to participation in a clinical assignment:

Examiner's Signature

Date

License # _____

Business Card or facility stamp must
accompany this form.