

## Physical Examination Form

**Directions for the Physician:** The following individual is an applicant for the Seattle Central College Nursing Program.

**A satisfactory physical exam is required for final acceptance to the program.**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Age \_\_\_\_\_ ☐ M ☐ F  
Check One

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Temperature \_\_\_\_\_

### Current Medications

Medication	Dosage
*Please list additional medications on a separate paper and attach*	
Please list any abnormal or significant findings of physical examination	▷

Physical Health History	▷

Psychological Health History	▷

**In your professional opinion, is this individual physically and mentally qualified to perform all of the duties necessary to practice nursing? Please Check One:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	if No Please Explain ▷

Physician's Name (Please Print or Stamp) \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City State Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing this form, I agree to allow the use and disclosure of my personal health information for clinical facility requirements . A copy of this authorization (consent) form will be made available upon request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_