



**Associate Degree Nursing Program
Physical Examination Form**

Applicant Name: _____ **Banner ID:** _____

Section I (Patient Information):

Name (Last, First, Middle)	
Address (include city, state, and zip code)	
Gender	
Male/Female	
Date of Birth (Month/Day/Year)	
Phone Number	

Section II (Medical History):

List all medications currently taking:	
List known drug and/or food allergies	

Past Medical History: Applicant, please check Yes or No. If yes, please provide a brief explanation.

Have you ever had?	NO	YES	Explanation:
High Blood Pressure			
Diabetes			
Heart Disease			
Respiratory Disease or breathing problems/Asthma			
Abdominal Problems			
Vision or Hearing problems			
Surgery (please describe)			
Injuries (please describe)			
Any Disabilities (please describe)			
Back problems			
Bone or Joint problems; any problems walking, lifting, kneeling			
Have you ever been treated for depression or any other mental disorder(s)?			

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Section III (MD examination/Notes):

Date of Examination:	Height:	Weight:
Blood Pressure:	Pulse:	
Respirations:	Temperature:	

Please indicate if student has any medical conditions that may prevent the applicant from fulfilling student objectives, including physical requirements, of the St. Philip's College ADN program? Applicant has been provided a technical standard form with the requirements.

	Within Normal Limits	Abnormal Findings
General Appearance		
Vision: Acuity Correction Color Vision required?		
Hearing Correction required?		
Cardiovascular System		
Respiratory System		
Digestive System		
Neurologic System		
Endocrine System		
Musculoskeletal System Range of motion, Mobility		

Notes/Comments:

- MD Acknowledgement: I have reviewed the applicant's Technical Standard Form required for admission to the RN program at St. Philip's College in completing this physical.

Doctor Printed Name

Doctor Signature

Date