

CAPSTONE COLLEGE OF NURSING
THE UNIVERSITY OF ALABAMA

NURSING STUDENT HEALTH & PHYSICAL EXAM FORM*

To be completed by physician or certified registered nurse practitioner and returned prior to beginning a nursing program. Back of form may be used for additional comments when necessary. **Mail form to Supervising Nurse, Russell Student Health Services, Box 870360, Tuscaloosa, AL 35487-0360, or deliver personally to Medical Records, Russell Student Health Center.**

NAME _____ SOCIAL SECURITY NUMBER _____

1. Vision normal with glasses () without glasses () Color vision defective? No () Yes ()
(NOTE: Wearers of contact lenses should be advised to have a pair of glasses for alternate use.)
2. Hearing normal? No () Yes () Are tympanic membranes intact? No () Yes ()
3. Physical Examination (Comment on abnormalities on back of form.)

Skin..... Normal () Abnormal ()	Abdomen Normal () Abnormal ()
Head, Face, Neck..... Normal () Abnormal ()	Endocrine System Normal () Abnormal ()
Nose & Sinuses..... Normal () Abnormal ()	Spine Normal () Abnormal ()
Mouth & Throat..... Normal () Abnormal ()	Neurologic Normal () Abnormal ()
Teeth..... Normal () Abnormal ()	Genitalia..... Normal () Abnormal ()
Lungs & Chest..... Normal () Abnormal ()	Breasts Normal () Abnormal ()
Heart Normal () Abnormal ()	Pelvic if indicated Normal () Abnormal ()
Vascular System Normal () Abnormal ()	Hernia Absent () Present ()
4. Are there any known health problems that would affect progress in the nursing program or participation in clinical nursing activities?
No () Yes () If so, please specify on back of form.
5. Are there allergies that could be exacerbated by clinical environment or activities?
No () Yes () If so, please specify on back of form.
6. Is this person healthy? ___yes ___no

TO MY KNOWLEDGE, THE INFORMATION I HAVE SUPPLIED ON THIS HEALTH FORM IS ACCURATE AND COMPLETE.

Signature of Physician or Certified Registered Nurse Practitioner Date

*This form must be completed prior to beginning a nursing program by entering junior, EORN and MSN students and by senior students who have a change in their health status.