

**Master of Science in Nursing
Regents Online Degree Program
Health History and Physical Examination Form**

PHYSICAL EXAMINATION - To be completed by physician or certified nurse practitioner

Name: _____ Blood Pressure _____

Hgb. or Hct. _____ Height _____ Weight _____

Urinalysis _____

Eyes: Vision.....R 20 / _____ L 20 / _____ Hearing..... .R _____ L _____

Glasses Worn yes no

Hearing Aids yes no

Contacts yes no

List Positive Findings of Complete Medical Exam:

Recommendations regarding treatment and correction: _____

Any condition which may result in an emergency? yes no

If YES, specify

List other health concerns that could interfere with learning:

Because the School/College of Nursing seeks to provide in as much as possible a reasonably safe environment for its health career students and their patients, a student may be required, during the course of the program, to demonstrate his/her physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable

diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

Is there a condition that may limit participation in:

A. Classroom activity? yes no

B. Clinical activity? yes no

If YES, specify _____

Comments and recommendations: _____

On the basis of this examination and mindful of the note above, in my opinion, the applicant is physically and mentally fit to participate in the nursing program.

Date _____ ***Signature*** _____ ***MD or NP***

Printed Name _____

Address _____

Phone number _____