HEALTH PHYSICAL
Fairmont State University School of Nursing & AHA

TO BE COMPLETED BY THE STUDENT:

Physical for FSU Nursing must be completed and uploaded by August 1, 2011

NAME_____
(Last) (First) (MI)

Gender: Male/Female Date of Birth: _____

Current Medications: _____

_____

Allergies/Reactions: _____

_____

Do you consider yourself in good health? Yes/No

If not, explain:

List any serious illness/es:

List any operations and/or broken bones

Fairmont Address _____ Phone_____

_____

Home Address _____

_____

Emergency contact person _____Phone_____

Primary Care Provider _____Phone_____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Height _____ Weight _____ BP _____ Pulse_____

	Normal	Describe if abnormal
Speech		
Eyes/Visual Acuity		
Ears/Hearing		
Nose		
Mouth		
Throat		
Thyroid		
Neck		
Nodes		
Heart		
Lungs		
Breasts		
Abdomen		
Musculoskeletal		
Skin		
Neurological		

At this time, is there any known health problem/condition which would prevent this student from completing the FSU Associate Degree Nursing Program?

Signature/Health Care Provider Title Date