## Medical Examination Report

**Name** ___________________________  **Date** ___________________________

**Age** ______  **Weight** ______  **Height** ______  □ Male  □ Female

### Check Each Item in Appropriate Column

<table>
<thead>
<tr>
<th>Check Each Item in Appropriate Column</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Evaluated</th>
</tr>
</thead>
</table>

1. **Head, face, neck, and scalp**
2. **Nose and sinuses**
3. **Mouth, teeth, throat**
4. **Ears, general** (internal and external canals auditory acuity under 19)
5. **Drums (perforation)**
6. **Eyes, general** (visual acuity under 20, 21)
7. **Pupils – equality and reaction**
8. **Ocular Motility** (associated parallel movement, nystagmus)
9. **Lungs and Chest**
10. **Heart** (thrust, size, rhythm, sounds)
11. **Vascular System**
12. **Abdomen and Viscera** (including hernia)
13. **Upper and Lower Extremities**
14. **Spine, Other Musculoskeletal** (strength, range of motion)
15. **Identifying Body Marks** (scars, tattoos)
16. **Skin and Lymphatics**
17. **Neurologic** (tendon reflexes, equilibrium, sensory, coordination, etc.)

### Recommendations:

- No limiting medical condition(s) noted; eligible for College of Nursing enrollment.
- Medical condition exists which will not interfere with College of Nursing enrollment. (Please explain under comments below)
- Medical condition exists which may interfere with College of Nursing enrollment. (Please explain under comments below)
- Can perform the essential abilities/technical standards as specified by the College of Nursing. (Please see attached essential abilities/technical standards)
- Deferred pending further evaluation. (Please explain under comments below)

### Medical Examiner's Declaration:

I hereby certify that I examined the individual named on this Medical Examination Report and that this report, with any attachment, embodies my findings completely and correctly.

**Medical Examiner’s Name (type or print)** ___________________________  **Medical Examiner’s Signature** ___________________________