



Medical Examination Report

Name _____ Date _____

Age _____ Weight _____ Height _____ Male Female

Check Each Item in Appropriate Column	Normal	Abnormal	Not Evaluated	Notes: Describe each abnormality in detail; enter applicable number before each comment. Use reverse side if needed or attach additional sheets to this form.										
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.)														
18. Hearing	Right Ear				Left Ear				19. Distant Vision (standard test types only)		20. Near Vision (use linear values)			
Whispered voice Audiometer (decibel loss)	Ft.				Ft.				Right Eye	20/	Corrected to 20/	20/	Corrected to 20/	
	500	1000	2000	3000	500	1000	2000	3000	Left Eye	20/	Corrected to 20/	20/	Corrected to 20/	
									Both Eyes	20/	Corrected to 20/	20/	Corrected to 20/	
21. Color Vision (test used)									22. Field of Vision					
									Right Eye		Left Eye			
23. Blood Pressure									24. Pulse (Wrist)					
Recumbent			Systolic			Diastolic			Resting		After Exercise			
25. Urinalysis				26. 5-Panel Urine Drug Screen					27. Other Tests					
Albumin		Sugar												

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)

Comments:

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