



LPN Program Physical

Student Full Name: _____ Birthdate: ___/___/___

I. VITAL SIGNS

T: _____ BP: _____ Pulse: _____ RR: _____ %O₂ _____ L/min Wt _____ Ht _____

II. MEDICAL EXAMINATION Physician to remark any abnormal history or physical findings

General Appearance: Remarks _____

Eyes/Ears/Nose/Throat: Remarks _____

Musculo-Skeletal: Remarks _____

Cardiovascular System: Remarks _____

Respiratory: Remarks _____

Gastrointestinal: Remarks _____

Neurologic: Remarks _____

Lymphatic: Remarks _____

III. MEDICAL HISTORY

Are there any health conditions which should be called to our attention (including **communicable or infectious disease or latex allergies**)? _____

List all medications the student is taking _____

The clinical experience for nursing students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional hazardous material.

List and contra-indications to participation in clinical nursing experiences, taking consideration to above requirements, and also any condition the student may have that would pose a safety concern to clients, faculty, students, and clinical staff of the facility or to the student themselves. _____

IV. LABORATORY TESTS AND IMMUNIZATIONS MUST SUBMITTED FOR STUDENT FILE

SEE BACK OF THIS FORM

Physician/NP/PA Name: _____ Phone: _____

Address: _____

Physician/NP/PA Signature: _____ Date: _____

1. **Tuberculin skin test** - results of a 2-step Tuberculin screening test, either Tuberculin skin test (TST) or blood assay for M. tuberculosis (BAMT), performed within the past 12 months. Individuals with positive Tuberculin screening tests must have a chest x-ray, physician certification, or symptom review indicating active Tuberculosis is not present. Tuberculin screening is only required before participating in patient care or other activities at the Hospital and as follow up to an unprotected exposure to a patient with active TB disease.
2. **Documentation of receipt of seasonal Influenza vaccine** - proof of vaccination with the seasonal influenza vaccine/s as recommended each year in which the student/faculty member participates in an educational experience at the Hospital. This requirement is effective for education experiences **October 1 through March 31**. A signed detailed declination is acceptable with the student/faculty member agreeing to wear a mask while providing care or observing within six feet of a patient. *Please note if there is any medical reason for the student to decline the vaccine*
3. **Documentation of CBC** - Complete Blood Count done as part of your physical assessment. Must be collected within 1 year.
4. **Documentation of Urinalysis** - Done as part of your physical assessment. Must be collected within 1 year.
5. **Rubella immunity** - either laboratory evidence of immunity or proof of vaccination (two doses if born in 1957 or after).
6. **Rubeola (measles) immunity** - either laboratory evidence of immunity, or proof of vaccination (two doses if born in 1957 or after).
7. **Mumps immunity** - either laboratory evidence of immunity, or proof of vaccination (two doses if born in 1957 or after).
8. **Varicella (chickenpox) immunity** - either laboratory evidence of immunity, proof of vaccination with two doses varicella zoster vaccine, or herpes zoster (shingles) based on healthcare provider diagnosis or documentation of disease.
9. **Tdap immunity** – proof of vaccination (last vaccination dose within 10 years).
10. **Hepatitis B** - Two doses required or documented refusal of the series or documented positive serology and dates of three dose series (first injection must be before class begins).