Student Physical Examination Summary

Student Name: ___________________________ PUID: _______________________

Date: ___________________________

Based on my physical exam and clinical data, the student is:

(Check all that apply)

☐ A. Physically able to perform the listed essential functions of nursing and is free from infectious disease, including tuberculosis. Comments: ________________________________________________

__________________________________________________________________________

☐ B. Physically able to perform the listed essential functions of nursing and is free from infectious disease, including tuberculosis, with the following recommended accommodations:

________________________________________________________

__________________________________________________________________________

________________________________________________________

__________________________________________________________________________

☐ C. Unable to determine; waiting for the following diagnostic data or notes from a recommended medical consultation:

Comments: _____________________________________________________________

__________________________________________________________________________

________________________________________________________

__________________________________________________________________________

Signature for above documentation:

________________________________________________________

Health care Professional's Signature                      Date

Print Name                                          Phone Number

Signature of verification:
I confirm that to the best of my knowledge the information recorded above is correct and that the health care professional whose signature appears is qualified to provide these assurances.

________________________________________________________

Student Signature                      Date