BAY MILLS Community College

PHYSICAL EXAMINATION FORM

Program (please check appropriate program):

- ☐ **Nursing**
- ☐ **Nursing Assistant**

Date of Birth:			**Date of Exam:**	
Last Name:	**First Name:**	**Middle Initial:**	**Maiden Name:**	
Address (Permanent Home)Number and Street:	**City:**		**State:**	**Zip code:**
Home Telephone #:	**Cell Phone #:**		**Other #:**	
Emergency Contact Name:	**Emergency Telephone #:**		**Relationship to Student:**	

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE ELIGIBLE FOR THE CLINICAL COMPONENT OF THE PROGRAM

PHYSICAL EXAMINATION to be completed by Health Care Provider

Height _____ Weight _____ B/P _____/_____ TPR _____

WNL		Document Abnormalities
	Neurologic	
	Respiratory	
	Gastrointestinal	
	Musculoskeletal	
	Cardiovascular	
	Mouth	
	Neck	
	Chest	
	Skin	
	Hernia	
	Back	
	Thyroid	
	Extremities	
	Allergies	
	Vision: Uncorrected	**R** **L**
	Vision: Corrected	**R** **L**
	Vision: Color Acuity	
	Hearing:	**R** **L**

Prescription Medications (dosage, regimen, reason):

_____
_____
_____
_____
_____

USUAL PHYSICAL REQUIREMENTS

- ***STRENGTH***

Program requires student to frequently perform physical activities requiring ability to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds.

- ***MANUAL DEXTERITY***

Program requires student to constantly perform simple motor skills such as standing, walking, hand shaking; manipulative skills such as writing and typing; occasionally perform difficult manipulative skills such as insertion of IV lines, calibrations of equipment, etc.

- ***COORDINATION***

Program requires student to constantly perform gross body coordination such as walking, filing, retrieving equipment, constantly performing tasks which require eye-hand coordination such as keyboard skills, and constantly performing tasks which require arm-hand steadiness such as taking B/Ps, calibration of tools and equipment, etc.

- ***MOBILITY***

Program requires student to constantly perform mobility skills such as walking, standing, and occasionally prolonged standing or sitting in an uncomfortable position.

- ***VISUAL DISCRIMINATION***

Program requires student to constantly see objects far away and to discriminate colors, and to see objects closely as in reading faces, dials, monitors, etc.

- ***HEARING***

Program requires student to constantly be able to hear normal sounds with some background of noise and to distinguish sounds.

Can this student meet the physical requirements listed above?	☐ YES	☐ NO
If No, explain what accommodations and/or further evaluations are needed:		

MENTAL REQUIREMENTS

Program requires student to consistently be able to concentrate on details with moderate amount of interruptions, such as client requests, IVACs, alarms, etc. Program requires student to attend to task/functions for periods up to 60 minutes in length and to frequently attend to task/functions for periods exceeding 60 minutes in length. Program requires student to consistently be able to understand and relate to specific ideas, concepts and theories multiply generated and simultaneously discussed. Program requires student to consistently remember task/assignments given to self and others over both short and long periods of time. Program requires student to have a nondisruptive, positive attitude; have the mental capacity to function effectively under stress; be in control of his/her emotions in the classroom and clinical sites.

Can this student meet the mental requirements listed above?	☐ YES	☐ NO
If No, explain what accommodations and/or further evaluations are needed:		

ENVIRONMENTAL CONDITIONS

Program requires student to be exposed to a variety of substances within the classroom, lab and clinical environment. They may include electromagnetic radiations, exposure to blood, body tissues or fluids, exposure to dust, latex products, exposure to electrical hazards; exposure to radiation, exposure to toxins, cytotoxins or poisonous substances, exposure to other hazardous materials such as chemicals, exposure to loud or unpleasant noises, exposure to high humidity or wetness. Occasional exposure to low or high temperatures.

Is this student able to work under the above environmental conditions without difficulty?	☐ YES	☐ NO
If No, explain what accommodations and/or further evaluations are needed:		

CLEARANCE

I certify that I have, on this date, examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for the student to participate in one of the MMCC Health programs indicated on page one.
(Note exceptions above.)

_____ _____

Physician's Name and Address (stamp or print)
If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating Physician or physician group:

_____

Examiner's Signature **Date**

_____

Examiner's Telephone Number

This information may be released to hospitals, clinics or community agencies where students are placed.