



ADMISSIONS MEDICAL CLEARANCE

B.S. Nursing

R.N. to B.S. Nursing

Vocational Nursing

MEDICAL EXAMINATION FORM

TO THE LICENSED HEALTHCARE PROVIDER: Angeles University requires a physical examination for students enrolling in the Program referenced above. A statement of your knowledge of this student's health (physical, emotional, and mental) is required for the student to participate in the clinical component of the nursing program. This report goes directly to the Program's Director of Nursing of Angeles University and will be released only to authorized university, clinical facilities, and hospital personnel.

APPLICANT'S NAME _____
 (PRINT) *Last* *First* *Middle Initial*

DISCLOSURE AND CERTIFICATION STATEMENTS

I hereby grant permission for the release/disclosure of health screening medical information between and among authorized university, clinical facilities, and hospital personnel.

 Applicant's Signature Date

Part 1: To be completed by Applicant

Health History	CHECK "YES" or "NO"	
1. Have you ever been hospitalized?	Yes	No
a. List health problem(s) for hospitalization:	Date(s):	
b. List operations performed:	Date(s):	
2. Are you under a physician's care now?	Yes	No
a. List name of personal M.D.:		
b. List health problems:		
c. Are you taking medications on a regular basis?	Yes	No
List Medication here:		
3. Do you have any allergies?	Yes	No
List medications you are allergic to:		
List other allergies: (food, pollen, contact, animal, dust):		



4. a. Have you had a back or neck or wrist injury?	Yes	No
b. Have you had an injury to any muscle, bone, ligament or tendon?	Yes	No
c. Was medical attention or surgery required?	Yes	No
If yes, Please explain:		
5. Do you smoke? Packs per day =	Yes	No
PLEASE INDICATE WITH A CHECK IF YOU OR A FAMILY MEMBER HAVE HAD:	Self	Family Member
A. Hypertension (HTN)		
B. Heart Disease(s)		
C. Diabetes Mellitus (Type 1 or Type 2)		
D. Cancer (Any type)		
E. Tuberculosis (PTB)		
F. Seizure Disorder (Epilepsy)		
G. Asthma		
H. Chicken Pox		
I. Drug and/or Alcohol Abuse		

Part II: To be completed by the Licensed Healthcare Provider

Blood Pressure:	Pulse:	Respiration:	Height	Weight:
Result	Result	Result	Result	Result
Vision:	Normal	Abnormal	Right Eye:20/	Left Eye: 20?
Result			Glasses: Y/N N/A Contact Lens: Y/N N/A	Glasses: Y/N N/A Contact Lens Y/N N/A
Hearing:	Normal	Abnormal	Right Ear	Left Ear
Result				
If Abnormal, please complete the following decibel information			500 hz R ear dcb_____ 1000 hz R ear dcb_____ 2000 hz R ear dcb _____	500 hz L ear dcb_____ 1000 hz L ear dcb_____ 2000 hz L ear dcb _____



Physical Examination:

Direction: Please check the box Normal or Abnormal for findings. If Abnormal, please provide description.

Body Area	Normal	Abnormal	
General Appearance			
Skin			
Nodes			
Head			
Ears			
Eyes			
Nose			
Oropharynx			
Mouth/Dentition			
Neck and Thyroid			
Chest			
Lungs			
Cardiovascular/heart			
Abdomen			
Hernia Check			
Musculoskeletal			
a. Neck			
b. Back			
c. Shoulders			
d. Knee			



e. Ankle			
f. Feet			
g. Others			
Neurological			
Comments			



Mark the appropriate box below:

After reviewing the "Advisory Statement to the Healthcare Provider" listed above and based on findings from the patient's history and physical exam, I certify that

_____ is physically, emotionally, and mentally capable of fully participating in the Angeles University _____ Program.

The following health problems(s) should be further evaluated **PRIOR** to participation in a clinical assignment:

Licensed Healthcare Provider Name (Print)

Signature

Date

Licensed Healthcare Provider
Business Card or Facility Stamp

Must Accompany This Form



Advisory Statement to the Licensed Healthcare Provider

To be completed by the LICENSED HEALTHCARE PROVIDER:

1. In the best interest of our students, please be aware that certain physical, emotional and mental abilities are necessary in order to protect the individual student's well-being and provide for the safety of each client placed in his/her care. The following are basic physical and emotional abilities required of the student for success in the BSN/VN Program.
2. Standing/Walking – Much of the workday is spent standing. Approximate walking distance per shift: 3-5 miles while providing care, obtaining supplies and lab specimens, monitoring and charting client response, and managing/coordinating client care.
3. Lifting – Some of the work day is spent lifting from floor to knee, knee to waist, and waist to shoulder levels while handling supplies (at least 30 times per shift). These supplies include trays (5-10 pounds) and equipment (5-25 pounds). The nurse must also assist with positioning patients in bed or moving clients (average patient weight is 150-200 pounds).
4. Carrying- Some of the workday is spent carrying charts, trays and supplies (5-10 pounds).
5. Pushing/Pulling – a large part of the workday is spent pushing/pulling while moving and adjusting equipment such as beds, wheelchairs, furniture, intravenous pumps and emergency carts.
6. Balancing and Climbing – Part of the workday is spent climbing stairs. The nurse must always balance self and use good body mechanics while providing physical support for clients.
7. Stooping/Kneeling – Some of the workday is spent stooping/kneeling while retrieving and stocking supplies and medications, assessing equipment attached to clients and using lower shelves of carts.
8. General Extremity Motion - (upper and lower extremities) – It is evident from the previous statement that extremity movement is critical. Movement of the shoulder, elbow, wrist, hand, fingers and thumb is required throughout the workday. Movement of the hip, knee, ankle, foot and toes are also required throughout the workday. It is necessary for the student to be able to turn, flex and extend his/her neck.
9. Hearing – A majority of the workday requires an ability to hear and correctly interpret what is heard. This not only includes taking verbal or telephone orders and communicating with clients, visitors and other members of the health care team; but also involves the physical assessment of cardiovascular, pulmonary and gastrointestinal sounds and the analysis of client monitor alarms.
10. Emotional – A student must be emotionally stable under normal and stressful circumstances encountered in the health care setting.
11. Casts, splints, braces and assistive devices are not allowed in clinical settings.