

# Physical Exam for Nursing Assistant Students

**TO THE STUDENT:** Placement in a clinical/lab within a health career program is conditional in that you must be physically capable and emotionally stable to perform the essential functions required in the specific program with or without reasonable accommodation, and be free from communicable diseases in the opinion of your physician. A medical examination by a legally qualified healthcare provider is required. **The examination must be complete and on file in the Health Careers Division prior to the first day of classes. You must submit documentation of titer results and immunizations with this physical exam form.** Physicals cannot be older than **four months** from your first day of classes.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Student ID no.: \_\_\_\_\_ Sex:  Male  Female  
Notify in case of emergency: Name: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

## PHYSICAL EXAMINATION (To be completed by the Healthcare Provider)

Every student in a Kankakee Community College Health Career Curriculum is required to have a physical examination in order to comply with state health laws governing institutions of higher learning and institutions which provide health services to the public. Please complete this report with that in mind.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

Are there any abnormalities of the following systems (Circle YES or NO)

1. Skin	YES	NO	10. Metabolic (Endocrine)	YES	NO
2. Lymph nodes	YES	NO	11. Neuropsych	YES	NO
3. ENT	YES	NO	12. Now under treatment:		
4. Eyes	YES	NO	Medical	YES	NO
5. Neck	YES	NO	Emotional	YES	NO
6. Lungs	YES	NO	13. Conversational hearing	YES	NO
7. Heart	YES	NO	14. Past major illness/injury	YES	NO
8. Abdomen	YES	NO	15. History of allergy	YES	NO
9. Genito-urinary	YES	NO	16. Color blindness	YES	NO

Any other findings? \_\_\_\_\_

Is this student able to participate in a full program of physical activities?

Circle: YES NO LIMITED. If "no" or "limited," explain.

Does the applicant have any communicable disease which should prevent him/her from providing health services?

Circle: YES NO If "yes," explain.

To your knowledge, is this person taking medication(s) of any kind that would affect his/her safety or full participation in a clinical setting or which could compromise the safe care of patients?

Circle: YES NO If "yes," explain.

Please send this form with the student as soon as it is complete. **Signature of physician/healthcare provider indicates confirmation of physical assessment and above information.**

Physician's name: \_\_\_\_\_

(Print or type)

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

Facilities in which students must complete their clinical experience may require KCC to release certain student information as a condition for placement. The student information includes, but is not limited to: criminal background check, drug screen results, CPR certification, physical form, and immunization records. This authorization is for the duration of active enrollment in a health career program.

I agree to authorize KCC to release the above documentation as requested by clinical facilities. I understand that failure to agree to this release of information may prevent me from participating in a clinical experience, and thus completing necessary Health Career program requirements.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Student signature (parent/guardian if applicant is under legal age)

Please return this form to: Kankakee Community College Health Careers Division office – Room W102