

Physical Assessment Form

UWG Certified Nurse Aide

Healthcare Provider: I have performed a complete health assessment on:

_____ (Print Patients Name)

General Medical:

Blood Pressure: _____		Pulse: _____	
	Normal	Abnormal	
Head			Respiratory
Eyes			Heart
Ear, Nose, Throat			Abdomen
Neck			G/U
Skin			Other
Comments: _____			

Health Questions:

1. Do you have a medical condition which in any way impairs or limits your ability to perform in clinical sessions with reasonable skill and safety? If yes, please attach explanation.....	Yes ___ No ___
2. Pregnant? (A Doctor's release needed if Yes)	Yes ___ No ___
3. Are you currently taking any medication?	Yes ___ No ___
If yes, Explain: _____	
4. Can you bend, perform body mechanics, lift 25 - 50 lbs? (A Doctor's release needed if No).....	Yes ___ No ___
5. Do you have any defect, deformity, problem, or disease which may interfere with your participation in the Nurse Aide Training Program?.....	Yes ___ No ___ If Yes, Explain _____

6. Do you have problems standing for an extended period of time.....	Yes ___ No ___

Overall Physical Assessment Results:

Results	Check One	Comments
PASSED WITHOUT LIMITATIONS:		
PASSED PENDING THE FOLLOWING:		
FAILED DUE TO THE FOLLOWING:		
As of this date, I can find no physical or medical abnormality that would deter this student from fully participating and/or performing patient care activities as a Nurse Aide in a clinical setting (extensive walking, bending, and lifting).		

Signature of Nurse, Nurse Practitioner, Physician Assistant: _____

Date of Physical Assessment: _____ / _____ / _____ Facility: _____

Address: _____

_____ Provider Telephone Number: (_____) _____