

IN. MEDICAL EXAMINATION-NURSING

- Nursing Student beginning Clinicals
- New Nursing Faculty



Health Services
Health Record

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Milwaukee, Wisconsin 53202
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PHYSICAL EXAM BY MD/APN/PA

HEIGHT _____ WEIGHT _____ B/P _____ HEART RATE _____

	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes/Vision Screen			Genito-Urinary		
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Examination		
Cardiovascular/HTN			Nutritional Status		
Respiratory			Mental Health		
Allergies (Food, drug, insect, other)			Medication (List all prescribed or taken on a regular basis.)		
Needs/Modifications required in the college setting			Dietary Needs/Restrictions		
Special Instructions/Devices e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic supporter/cup					
Mental Health/Other: Is there anything else that you think the school should know about this person?					
Emergency Action needed while at school due to this person's health conditions (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes No If yes, please describe:					
On the basis of the examination on this day, I approve this person's participation in: (If No or Modified, please attach explanation.)					
Athletics Yes No Modified Nursing Clinicals Yes No Modified					
Additional Comments:					
Physician/Advanced Practice Nurse/Physician Assistant performing examination					
Print Name _____		Signature X _____		Date of Exam _____	
Address _____			Phone _____		
			Fax _____		
TB Skin Test required annually for nursing students/faculty only (Free in Health Services Sept. - Mar.)					
Date Given: ____/____/____ <small>MM DD YY</small>		Date Read: ____/____/____ <small>MM DD YY</small>		Results: _____mm	