

NURSING CLASS OF _____
HARTWICK COLLEGE DEPARTMENT OF NURSING

NAME: _____ Date of Birth: _____

ANNUAL PHYSICAL EXAM RECORD

Annual Tuberculin Testing

Mantoux/PPD Date: _____ Results: _____ mm induration __ Pos. __ Neg.

If test is positive or there is a history of positive PPD, a chest x-ray is required.

Date of x-ray: _____ Results: _____

If PPD positive, was treatment taken? _____ Yes _____ No

Vision:	Corrected	Uncorrected	Color Vision _____
OD	20/ _____	20/ _____	Hearing _____
OS	20/ _____	20/ _____	Test Used _____

# = normal	X = abnormal		Temp _____
_____ head	_____ lungs	_____ genital	
_____ eyes	_____ extremities	_____ rectal	Pulse _____
_____ ears	_____ skin	_____ prostate	
_____ nose	_____ heart	_____ pelvic	Resp _____
_____ throat	_____ breast	_____ back	
_____ neck	_____ abdomen	_____ circulation	BP _____
_____ thyroid	_____ hernia	_____ neuro	
_____ chest			Height _____
			Weight _____

Comments: _____

After reviewing this individual's history and completing a physical examination, I have found him/her to be in satisfactory physical condition to care for clients. Yes _____ No _____
 Limitations which prohibit the individual from providing nursing care to clients should be documented by the physician.

Healthcare Provider Signature: _____ **Date:** _____
 Telephone: _____

RELEASE OF INFORMATION:

I certify that the above information is true and correct to the best of my knowledge.
 I grant permission for this information to be released to the clinical facilities where I shall be a student.

Signature: _____ Date: _____