

PHYSICAL EXAMINATION FORM

Student's Name (print) _____

Vital Signs

Weight _____

Blood Pressure _____

Heart Rate _____

Height _____

Respiratory Rate _____

Temperature _____

Allergies

Physical Evaluation

Comments

☐ Head

☐ Ears

☐ Eyes

☐ Throat

☐ Nose

☐ Neck

☐ Respiratory

☐ Cardiovascular

☐ Abdomen

☐ Musculoskeletal

Current Medication(s)

Physical Examination Verification

I have completed a physical examination and it is my opinion that the student is fit for duty as a student nurse.

Signature of Physician

Date

Clinic/Office information or Stamp

Phone Number