

Student Name: _____

VITERBO UNIVERSITY – School of Nursing

900 Viterbo Drive
La Crosse, WI 54601-4797
(608) 796-3670 • FAX (608) 796-3668

NURSING STUDENT PHYSICAL EXAMINATION FORM

Nursing students are to complete a physical exam within six months prior to the start of their nursing coursework.

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	
HEENT			Do lifting restrictions apply? Y or N
Lungs			Explain:
Heart			
Abdomen			
Neurologic			
Muscular – Skeletal			
Skin			

COMMENTS: Note any significant medical conditions and current medications: _____
(if none, please specify none)

Based on the applicant's physical and emotional health, I do ____, do not ____ recommend this student for the nursing program.

SIGNATURE: _____ **DATE** _____

Licensed Health Care Provider: (circle one) MD DO PA NP

ADDRESS: _____
Street City State Zip