
Student Last Name (print)

Student First Name

Student ID Number

REPORT OF HEALTH EVALUATION

To the examining health care provider: Please review the student's history and complete this evaluation form.

The nursing student will be required to perform the following tasks:

- Standing or sitting for long periods of time
- Walking alone and/or walking while supporting patients with ambulation
- Lifting patients and other heavy objects up to 50 lbs
- Pushing, pulling, bending, and twisting
- Carrying heavy objects up to 50 lbs
- Tasks involving bimanual dexterity and eye/hand coordination
- Near and far visual tasks
- Listening
- Verbally communicating with patients, family, and medical staff
- Writing and typing
- Tasks will have time constraints for completion

To your best knowledge based on your history and physical exam of the student:

Is the student physically and mentally fit enough to perform the tasks required in patient care?

Yes _____

No _____

Is the student free of any physical or mental limitations that would restrict them from withstanding the rigors of the program and providing patient care?

Yes _____

No _____

Is the student fit to provide patient care without his/her own health being compromised?

Yes _____

No _____

Please explain any "no" answers:

Health Care Provider Signature: _____

Address: _____

Print Last Name: _____ Date: _____