

University of West Georgia
 School of Nursing
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Physical Ability Form

HEALTHCARE PROVIDER: I have performed a complete health examination on

_____ (Print Student's Name)

General Medical:

Blood Pressure: _____ Pulse: _____

	Normal	Abnormal		Normal	Abnormal
Head			Respiratory		
Eyes			Heart		
Ear, Nose, Throat			Abdomen		
Neck			G/U		
Skin			Other		

Physicians Comments: _____

OVERALL PHYSICAL EXAMINATION RESULTS:

Results	Check One	Comments
PASSED WITHOUT LIMITATIONS:		
PASSED PENDING THE FOLLOWING:		
FAILED DUE TO THE FOLLOWING:		

As of this date, I can find no physical or medical abnormality that would deter this student from fully participating and/or performing patient care activities in the clinical setting (extensive walking, bending, and lifting).

Signature of Nurse Practitioner, Physician Assistant, or Medical Doctor:

_____ Date of Physical Examination: ____/____/____

Facility Address: _____

_____ Provider Telephone Number: (____) _____