

**University of West Georgia**  
**Tanner Health System**  
**School of Nursing**  
**1601 Maple Street**  
**Carrollton, GA 30118**  
**Telephone: 678-839-6552**  
**Fax: 678-839-6553**

**Physical Ability Form**

**HEALTHCARE PROVIDER:** I have performed a complete health examination on

\_\_\_\_\_

**(Print Student's Name)**

<b>General Medical:</b>					
Blood Pressure: _____		Pulse: _____			
	<b>Normal</b>	<b>Abnormal</b>		<b>Normal</b>	<b>Abnormal</b>
Head			Respiratory		
Eyes			Heart		
Ear, Nose, Throat			Abdomen		
Neck			G/U		
Skin			Other		
Physicians Comments: _____					
_____					

**OVERALL PHYSICAL EXAMINATION RESULTS:**

Results	Check One	Comments
<b>PASSED WITHOUT LIMITATIONS:</b>		
<b>PASSED PENDING THE FOLLOWING:</b>		
<b>FAILED DUE TO THE FOLLOWING:</b>		
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, Medical Doctor, RN/LPN:**

\_\_\_\_\_ Date of Physical Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Facility Name & Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provider Telephone Number:** (\_\_\_\_) \_\_\_\_\_