

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, or Medical Doctor:**

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

Facility Address: \_\_\_\_\_

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