

**VERNON COLLEGE
VOCATIONAL NURSING PROGRAM
STUDENT PHYSICAL EXAMINATION**

Date: Student Name:

Contact Number and E-mail:

DOB: Age: Height: Weight: Temp:
B/P: Allergies:

Past History: Illnesses, operations and injuries (complete with dates):

Indicate medications presently being taken that are prescribed by a physician:

Indicate medications presently being taken that are not prescribed by a physician:

Eyes: Vision: R	<input type="text"/>	Eyes: Vision: L	<input type="text"/>	With Glasses R/L	<input type="text"/>
Ears: Condition: R	<input type="text"/>	Ears: Condition: L	<input type="text"/>	Hearing: R/L	<input type="text"/>
Nose:	<input type="text"/>	Sinuses:	<input type="text"/>	Teeth:	<input type="text"/>
Tonsils:	<input type="text"/>	Thyroid:	<input type="text"/>	Skin:	<input type="text"/>
Abdomen:	<input type="text"/>	Hernia:	<input type="text"/>	Heart:	<input type="text"/>
Lungs:	<input type="text"/>	Feet: R/L	<input type="text"/>	Varicose Veins:	<input type="text"/>
Posture:	<input type="text"/>	Reflexes:	<input type="text"/>	Spinal Curvature:	<input type="text"/>

Defects Found:

Corrections made or recommended:

In your opinion, is this student psychologically and physically capable of performing direct patient care and capable of lifting twenty (20) pounds? Yes No

If not, why?

In your opinion, is this student free of any communicable diseases that would be detrimental to the patient while performing direct patient care? Yes No

If not, why?

Licensed Health Care Provider's Name (Print):

Licensed Health Care Provider's Signature:

Facility Name, Location, & Contact Number:

Nursing students will be responsible for attaching the following health records and documentation to the physical form. Please do not turn in the originals, you will need these for your personal files. The following immunizations are required by law according to Section 2.09 of the Texas Education Code Revised effective May 16, 1999 for all students enrolled in higher education courses involved in direct patient care contact. Requirements for Varicella, measles, rubella, and mumps vaccines are waived during pregnancy. Pregnancy is not a medical contraindication for administration of Tetanus/diphtheria toxoid, but it is best to delay until the second trimester. A student is required to show documentation of all records listed below that are not documented on the physical form by the health care provider.

Health Record Checklist

Physical Examination Form:

Nursing students must turn in a VC Physical Examination Form.

Tetanus/Diphtheria:

Nursing students must have received one (1) dose of TD within the past ten (10) years.

Measles:

Nursing students who were born on or after January 1, 1957 must show proof of either two (2) doses of measles vaccine administered on or after their 1st birthday and at least 30 days apart; or at least one (1) dose of measles vaccine administered on or after their 1st birthday, must be received by students enrolled in nursing courses prior to direct patient contact and completion of the measles requirement must be accomplished as rapidly as is medically feasible; or immunity to measles (Physician-validated history or serologic confirmation).

Rubella:

Nursing students must show prior to patient contact proof of either one (1) dose of rubella vaccine administered on or after their 1st birthday; or serologic confirmation of rubella immunity.

Mumps:

Nursing students who were born on or after January 1, 1957 must show proof of either one (1) dose of mumps vaccine administered on or after their 1st birthday; or immunity to mumps (Physician-validated history or serologic confirmation).

Varicella:

Nursing students must show prior to patient contact proof of either one (1) dose of Varicella vaccine after their 1st birthday; or if the vaccine was received prior to the 13th birthday, two (2) doses of Varicella immunity, or history of Varicella (chicken pox) illness validated by student, student’s parents, or physician.

Hepatitis B:

Nursing students must receive at least the first Hepatitis B vaccine injection or Hepatitis B positive titer by the first day of class and provide documentation of the complete series (3 injections) or positive titer by the end of the first enrolled semester. This series will be a 4 or 6 month series.

Tuberculosis:

Nursing students must receive the TB test and have negative results.

Influenza :

Nursing students must show proof of the influenza vaccine or complete the declination influenza vaccination form.

CPR:

Nursing students will be required to obtain a current copy of the card for AHA-BLS for Healthcare Provider with Adult, AED, & Pediatric CPR that is effective until date of graduation.

I have read and understand all health record requirements for the ADN program.

Date:		Student Signature:	
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