

Nurse Assistant Physical Form

STUDENT-PLEASE READ AND SIGN. DISCLOSURE AND CERTIFICATION STATEMENTS: I hereby grant permission for the release/disclosure of the information contained in the physical examination to school and various health agencies' staff whenever necessary for the evaluation of my fitness to enroll and/or remain in the Nurse Assistant-Certified Program. My signature below certifies that the information I have given for the physical examination is true to the best of my knowledge. I understand that falsification of any of this information may constitute grounds for immediate dismissal. Student Name: TO BE COMPLTED BY PHYSICIAN OR PHYSICIAN'S ASSISTANT: Is the student physically able to perform bending, squatting, and lifting up to 35 lbs.? Yes Nο Is the student under the care of a doctor? Yes No Is the student pregnant? Yes No If yes, how far along? Has the student had any operations in the last six months? No Is the student taking any medications? Yes No If yes, please specify: Does the student have or had any of the following: (Mark all that apply) ☐ Arthritis ☐ Dizziness ☐ Mental Illness ☐ Seizure □ Asthma ☐ Blood Pressure Problems ☐ Substance Abuse ☐ Vision Problems ☐ Diabetes ☐ Allergies ☐ Heart Problems ☐ Hearing Problems ☐ Fainting ☐ Drug Reaction ☐ Back Problems Other: Notice: Nurse Assistant students will participate in classroom and clinical experiences which require interactions with patients. I have found no indication of any condition which might represent a possible hazard to the health of patients and/or others. I have found no condition that appears to prevent or cause an inability for the above-name student to perform the duties of a Nurse Assistant with the exception or the possible exception of the following: Will this student be physically/medically able to participate in classroom and worksite (clinical) activities for the entire program (for the next six months)? Yes No Please notify the Colton-Redlands-Yucaipa ROP if there are any changes to the above information Physicians Signature: Physician's Assistant Signature: