



Wesleyan College Physical Examination Form

Physical exam must be done no earlier than 6 months prior to start of classes

Name: _____ **Date of Birth:** _____ **Age:** _____
Last name First name Middle name

HT ____ WT ____ B/P _____ Pulse _____ Resp _____ Sickle Cell Test (athletes only) Date & Results _____

Glasses: Yes No Contact Lenses: Yes No Vision: R: 20/____ L: 20/____ with / without correction

Color Blindness Screening (nursing students only): Pass Fail Hearing Screening (nursing students only) Pass Fail

Date of last tetanus booster _____

	Normal	Abnormal (Explain)
Eyes	<input type="checkbox"/>	_____
Ears/Nose/Throat	<input type="checkbox"/>	_____
Neck /Thyroid	<input type="checkbox"/>	_____
Lymph Nodes	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	_____
Neurologic	<input type="checkbox"/>	_____
Shoulders	<input type="checkbox"/>	_____
Elbows	<input type="checkbox"/>	_____
Hands/Wrists/Fingers	<input type="checkbox"/>	_____
Hips	<input type="checkbox"/>	_____
Knees	<input type="checkbox"/>	_____
Ankle/Foot/Toes	<input type="checkbox"/>	_____
Back/Spine	<input type="checkbox"/>	_____
Needs Referral or F/U:		_____

In review of the above information and following a limited examination, I certify the student is:

- CLEARED for all sports/activities without any restrictions**
- CLEARED** with restrictions: (must list restrictions) _____
- NOT CLEARED** FOR ANY SPORT PARTICIPATION due to: _____

The nursing profession is very physically and mentally demanding. Areas of concern are motor skills, latex allergy or back injuries/surgery that could prevent the student from performing CPR or lifting objects up to 50 lbs.

Is this student capable of performing in a Nursing program? Yes No

MD/NP/PA Signature: _____ **Date of Exam:** _____

Printed Name of MD/NP/PA: _____

Address: _____

Phone Number: _____ Fax Number: _____

I consent to release my entire medical record (including physical exam) to the: Nursing Dept. Athletic Dept.

Student Signature _____ **Date** _____