



Academic Year: 20__ / 20__

Wesleyan College Physical Examination Form

****Physical exam must be done no earlier than 12 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 the 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 _____