



LVN/Military to ADN Mobility Program
Physical Examination Form

Applicant Name: _____ Banner ID: _____

Section I (Patient Information):

| | |
|--|--|
| Name (Last, First, Middle) | |
| Address (include city, state, and zip code) | |
| Gender | |
| Male/Female | |
| Date of Birth (Month/Day/Year) | |
| Phone Number | |

Section II (Medical History):

| | |
|---|--|
| List all medications currently taking: | |
| List known drug and/or food allergies | |

Past Medical History: Applicant, please check Yes or No. If yes, please provide a brief explanation.

| Have you ever had? | NO | YES | Explanation: |
|--|----|-----|--------------|
| High Blood Pressure | | | |
| Diabetes | | | |
| Heart Disease | | | |
| Respiratory Disease or breathing problems/Asthma | | | |
| Abdominal Problems | | | |
| Vision or Hearing problems | | | |
| Surgery (please describe) | | | |
| Injuries (please describe) | | | |
| Any Disabilities (please describe) | | | |
| Back problems | | | |
| Bone or Joint problems; any problems walking, lifting, kneeling | | | |
| Have you ever been treated for depression or any other mental disorder(s)? | | | |

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Section III (MD examination/Notes):

| | | |
|----------------------|--------------|---------|
| Date of Examination: | Height: | Weight: |
| Blood Pressure: | Pulse: | |
| Respirations: | Temperature: | |

Please indicate if student has any medical conditions that may prevent the applicant from fulfilling student objectives, including physical requirements, of the St. Philip's College ADN program? Applicant has been provided a technical standard form with the requirements.

| | Within Normal Limits | Abnormal Findings |
|---|-----------------------------|--------------------------|
| General Appearance | | |
| Vision: Acuity Correction Color Vision required? | | |
| Hearing Correction required? | | |
| Cardiovascular System | | |
| Respiratory System | | |
| Digestive System | | |
| Neurologic System | | |
| Endocrine System | | |
| Musculoskeletal System Range of motion, Mobility | | |

Notes/Comments:

- MD Acknowledgement: I have reviewed the applicant's Technical Standard Form required for admission to the RN program at St. Philip's College in completing this physical.

Physician Printed Name

Physician Signature

Date