

KNOEDLER SCHOOL OF PRACTICAL NURSE EDUCATION

PRE-ENTRANCE PHYSICAL EXAMINATION

Name _____ Age _____ Sex _____

Marital Status _____ Height _____ Weight _____

Blood Pressure _____ Pulse _____

PHYSICAL FINDINGS:

Ears:

Hearing _____

Nose: _____

Throat: _____

Thyroid: _____

Chest:

Lungs _____

Heart _____

Abdomen:

Hernia _____

Extremities:

Varicose Veins _____

Deformity _____

Skeletal:

Curvature _____

Pelvic: _____

LABORATORY FINDINGS: (Please indicate date received)

Tuberculin Test (2-Step or bloodwork): _____
(If results are positive, please have a chest x-ray)

Chest X-ray (if applicable): _____

IMMUNITY TO THE FOLLOWING THROUGH A DOCUMENTED POSITIVE TITER (BLOOD TEST):

(Copies of blood tests (titer) **MUST BE ATTACHED** to this physical form or immunization is required)

Measles (rubeola) _____

German measles (rubella) _____

Mumps _____

Chicken pox _____

Hepatitis B _____

Immunizations

Tdap Shot (within 10 years) _____

COVID (up to date per CDC and clinical agency guidelines) _____

10-PANEL DRUG SCREEN: (Copy of results must accompany this physical form. Results must be in a sealed envelope from the facility.)

PHYSICAL LIMITATIONS: (Remarks – Recommendations)

I have/I have not found any physical findings which would limit this person's success as a practical nurse.

Physician's signature _____

Date _____

Please return to: **Knoedler School of Practical Nurse Education**
1565 State Route 167
Jefferson, OH 44047

NOTE: Upon receipt of this form, we will review it for completeness. It is the student's responsibility to make sure physical form is complete and returned **before** the first day of school. If incomplete, the form will be returned. Students will **not** be allowed to begin clinical rotations if physical form is incomplete and will be marked absent for time missed.