

**BUCKS COUNTY COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM**

HEALTH EXAMINATION/MEDICAL RECORD REPORT

Name of Student Candidate (Please print): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

This completed report is required as part of the admission process for the Practical Nursing Program. Please attach all results and documentation if applicable. All information is kept strictly confidential.

Does this student candidate have:

- Activity limitations?
Yes _____ No _____

If yes please specify:

- Ability to lift 50lbs?
Yes _____ No _____

- Medical conditions which would be a concern to completing a nursing program?

Yes _____ No _____

If yes please specify:

(Please turn over)

- Conditions that may precipitate a medical emergency such as:

Epilepsy _____ Diabetes _____ Allergies _____ Fainting _____

Heart Condition _____ Other _____

If yes to any of the above, please describe:

- Sufficient emotional stability to accurately perceive situations and make unimpaired observations and judgments?

Yes _____ No _____

If yes please specify:

- A device or substance (including medication) to enable him/her to perform the duties/skill required by the nursing program?

Yes _____ No _____

If yes please specify:

I have completed a health history, physical examination, and reviewed immunization status. In my estimation, this student candidate is able to fully participate in the Practical Nursing program, including the clinical experience in health care agencies.

Yes _____ No _____

Physician/Nurse Practitioner Signature:

Printed Name: _____

Address: _____ Phone: _____

Date of Examination: _____