CiTi BOCES

Center for Instruction Technology and Innovation

Nursing Assistant Program

PHYSICAL EXAMINATION

Student's Name_____ DOB_____ Age_____

Blood Pressure:_____ Temp:_____ Pulse:_____ Ht:_____ Wt:_____

General Appearance and development: (*circle response*) Good Fair Poor

Eyes: OS_____ OD_____ OU_____ Pupillary:_____ Movement:_____ Fundi:_____
Ears:_____ Audio Screen: AS_____ AD_____ AU_____

Body system	Within Normal Limits	Comments/Abnormalities
Integumentary		
ENT/Mouth		
Breast/Chest		
Heart/Lungs		
Abdomen/gastrointestinal		
Gynecological		
Urinary/Genitalia		
Hernia		
Musculoskeletal		
Psychiatric/Psychosocial		

I certify that I have examined _____ and find that, in my opinion, this individual is physically qualified to assume the position of Nursing Assistant Student without physical limitations. ☐ **YES** ☐ **NO**
I understand that if at any time there is a noted change in condition, the student will be required to be re-evaluated by me and deemed medically clear to return to clinical at CiTi.

Date of exam_____

Name of Examining Physician/Provider_____
Signature of Examining Physician/Provider_____
Address of Examining Physician/Provider_____
_____
Phone number:_____

IMMUNIZATION RECORD

DT booster _____
MMR vaccine (1)_____ (2) _____
or titer_____
Varicella (chicken pox) disease_____
or date of vaccine _____

Mantoux TST (PPD) _____ results: _____ Initials:____
_____ results:_____ Initials:____

Influenza Vaccine 2018-2019_____

Hepatitis B Vaccine Series dates (1)_____ (2) _____ (3) _____