

**HEALTH HISTORY & PHYSICAL EXAMINATION**

**TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER**

**Is there any significant medical history or condition that could affect functioning as a nursing student, including interaction with patients and staff in clinical settings?** *(Please see "Essential Functions for Clinical Course Work in the School of Nursing.")*

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Describe

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**Is this individual currently taking any medication that could affect participation in a nursing education program, including interaction with patients and staff in clinical settings?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Describe

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I certify that \_\_\_\_\_ has been examined by me on \_\_\_\_\_ and is found to be in good physical and mental health and appears able to undertake all aspects of the nursing education program, including interaction with patients and staff in clinical settings. (Please see "Essential Functions for Clinical Course Work in the School of Nursing.")

**Practitioner's name (print):** \_\_\_\_\_

**Practitioner's signature:** \_\_\_\_\_

**Licensed as (circle one):**      **ARNP**                      **Physician Assistant**                      **Physician**

**License number:** \_\_\_\_\_ **State/Country Licensed:** \_\_\_\_\_