



Medical History & Physical Exam Release for Nursing Programs

Student Name: (Please print clearly) _____ **Date of Birth:** _____

Physical Examination Section			
All items must have a result, either "within normal limits (WNL)" or "not within normal limits (X)"; abnormal results should include comments. Only Urological and Reproductive Exams may be deferred. To be completed by healthcare professional, MD, DO, NP, or PA.			
System	WNL	X	Comments
HEENT, Vision, Hearing			
Cardiovascular/Respiratory			
Gastrointestinal			
Urological			
Reproductive			
Musculoskeletal			
Neurological			
Mental Health Status			
Physical Exam Clearance – Must be completed by an MD, DO, NP, or PA			
Do findings indicate that the student has the ability to function in various healthcare settings?			Yes <input type="checkbox"/> No <input type="checkbox"/>
The student's health status permits unrestricted functional abilities essential to nursing or related allied health field practice. The student does not have any health condition(s) that would create a hazard to themselves, employees, or patients.			Yes <input type="checkbox"/> No <input type="checkbox"/>

Provider Signature:

Date:

Provider Name & Credentials:

Facility Name:

Facility Address:

Facility Phone: