



Northwest Louisiana Technical Community College
Health & Physical Information Form

NAME _____ D. O. B. _____

AGE _____ HEIGHT _____ WEIGHT _____ B/P _____ TEMP. _____ PULSE _____

PAST HISTORY (Please give as complete as possible)

A. Acute illness: Operations and/or Injuries

B. Long-term illness: Location, Duration, and Year of Hospitalization

Physical Examination

	Normal	Abnormal	Comments
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
GU	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ability to lift, turn, transfer, ambulate patients: yes _____ no _____

Current Medications and Reasons: (Prescription and non-Prescription)

Current Treatment and Reasons: (Please note duration and degree of any physical limitations)

To my knowledge, this student does not have any physical or psychological impairment that would interfere with judgment, skills, or abilities required for the practice of practical nursing.

Signature: _____ Date: _____

(M.D., Nurse Practitioner, or Physicians Assistant)