MESSIAH UNIVERSITY
School of Graduate & Professional Studies
One University Ave.
Mechanicsburg PA 17055

Graduate Student Physical Examination Form

Last Name: First Name: Date of Birth: Gender: M / F

Home Address: City: State: Zip:

Emergency Contact: Relationship: Phone Number:

TO THE EXAMINER: Please perform a physical examination and comment on all positive answers. Healthcare provider must hold licensure as a physician, nurse practitioner, or physician assistant.

Height: Weight: Blood Pressure:

Are there abnormalities in the following areas?

Body System	*Yes*	*No*	*Comments:*
Skin			
Head, Ears, Nose or Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			

***Laboratory Tests and Immunizations*:**

Please complete ALL of the following and include the dates (or attach immunization record)

TB test: Type: Date: Result:

If positive TB test, date of chest x-ray (within past 12 months): Result (within past 12 months):

Isoniazid Prophylaxis RX? Yes / No Dates:

Immunizations	*Date(s)*				*Titer date and result* (cannot say "had disease")
Varicella					
Measles/Mumps/Rubella					
Tdap (within last 10 years AND age 10+)					
Hepatitis B					

***Health Care Provider*:** Signing below indicates that you have found the named student to be in good physical and mental health, free from any health impairment which is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of his/her nursing student responsibilities, and able to participate fully in a nursing clinical experience.

Signature of Examiner Printed Name Credentials Date

Address Phone Number