



**National American University: Teach-out
School of Nursing
Physical Examination Form**

All students, both new and returning, are REQUIRED to have an updated medical record on file with the nursing program office. All information in your medical record is confidential and will not be released without your written permission. **Note:** The student, not the university, is financially responsible for any hospital expenses and for any treatment by a healthcare provider. This applies even if a student is taken to an emergency center by a university representative.

(PLEASE PRINT LEGIBLY)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Allergies (food, seasonal, animals, latex, etc.): _____

Is the student sufficiently able to frequently bear or lift weights of 25lbs or more?

Yes ____ No ____
(If no, please explain below.)

Is the student free of any communicable diseases?

Yes ____ No ____
(If no, please explain below.)

The information included on this physical examination form is complete and correct to the best of my knowledge. I authorize the release of information and results of this examination to the National American University School of Nursing.

Student Name (printed): _____

Student Signature: _____ Date: _____

Healthcare Provider Name (printed): _____

Healthcare Provider Signature: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____