REEDLEY COLLEGE
NURSING ASSISTANT TRAINING PROGRAM
995 N. REED AVENUE • REEDLEY, CA 93654•
(559) 494-3000• www.reedleycollege.edu

Office of Instruction

Physical Exam Report/Health Examination

Nursing Assistant Training Program Students:
Please have your Healthcare Provider complete the following form and bring to your appointment with the College Nurse to review and approve.

Student's Name: _____

ID#: _____ Age: _____ Gender: ❑ M ❑ F

Weight: _____ Height: _____ Allergies: _____

B/P: _____ Temp: _____ Pulse: _____ Respirations: _____

Lungs: _____

Heart: _____

Abdomen: _____

Eyes, Ears, Throat, Nose: _____

Neck: _____

Back and Extremities: _____

The student may lift up to 100 pounds with assistance? ❑ Yes ❑ No

Females only: The candidate is pregnant? ❑ Yes ❑ No

Other: _____

_____

The student does not display any apparent health condition that would create a hazard to himself/herself or others.

Signature: _____, M.D. Date: _____

IMPORTANT: Please stamp the name, address and phone number of the M.D. below.