



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