

ASU Box 32151, Boone, NC 28607-2151

PHYSICAL EXAMINATION

Students should keep a copy in their personal records for future use.

NAME:**BANNER ID:**

This Physical Examination is to be completed by a licensed healthcare provider.

Please attach any additional documentation regarding any category below to this form.

ASU Nursing Safety and Technical Form is also to be completed by the student and healthcare provider

Vital Signs

Temperature:	Pulse
Respiration:	Blood Pressure:
Height:	Weight

Eye Exam (all fields must be completed. If healthcare provider is unable to complete, options for completion should be discussed with ASU Nursing Director of Compliance/Student Support)

Peripheral Vision:	Normal/Abnormal		
Acuity: Near:	Right Eye:	Left Eye:	Correction Used: YES / NO
Far:	Right Eye:	Left Eye:	Correction Used: YES / NO
Ishihara Color Test:	Normal/Abnormal	Correct No. of Answers:	

	Normal	Abnormal	Comments - Required for Abnormals
General Appearance			
Skin			
HEENT			
Respiratory			
Cardiovascular			
Abdomen			
Neurological			
Speech			
Motor			
Sensory			
Musculoskeletal			
Muscle Strength			
Gait			
Extremities			
Spine			
Mental Health Status			

Current Medications:**MD/DO/NP/PA Signature:****Date:**

Address

I understand that the ASU Department of Nursing will share health and immunization information with appropriate clinical agencies or in the event of a medical emergency.

Student Signature:**Date:**