Appalachian STATE UNIVERSITY

ASU Box 32151, Boone, NC 28607-2151

Mandatory Pre-Admission Physical Exam
Department of Nursing
828-262-8039

Mail or deliver to above address. Please copy for your records turning in to nursing office.

Name: _____ Banner ID #: _____

PHYSICAL EXAMINATION is to be completed by licensed health care provider.
Please attach any additional documentation regarding any category below to this form.

Temperature:		Pulse:	
Respiration:		Blood Pressure:	
Height:		Weight:	
Eye Exam:			
Acuity: Right Eye:	Near:	Far:	Correction Used:
Left Eye:	Near:	Far:	Correction Used:
Ishihara Color Test:	Normal	Abnormal	Correct Answers:
Peripheral Vision:			

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

Current Meds:_____

_____

MD/DO/NP/PA Signature: _____Date: _____
Address:_____

I understand that the Department of Nursing at Appalachian State University will share health and immunization information with appropriate clinical agencies or in the event of medical emergency.

Student Signature: _____ Date: _____