

**THE UNIVERSITY OF TENNESSEE AT MARTIN DEPARTMENT OF NURSING
STUDENT HEALTH EXAMINATION**

Full Name _____ Student ID# _____

Phone _____ Marital Status _____ Birth Date _____ Sex _____

Permanent Address _____
Street City State ZIP

Emergency Contact _____
Name Address Phone #

Have you ever had:

- Rheumatic Fever Nervous Disorders Diabetes Kidney Disease Dysmenorrhea
 Tuberculosis Allergies Surgery (Type & Date): _____

Other _____

No, I have not experienced any of these issues

Are you taking any medication on a long-term/regular basis? Yes No If yes, please list medication(s) below:

EXAMINATION

To be completed by the healthcare provider

CODE FOR EXAMINATION: O = Satisfactory X = Unsatisfactory

Height	Skin	Heart	Abdomen	Glands
Weight	Nose	Lungs	Hernia	Bones/Joints
B.P.	Throat	Vision	Kidneys	Posture
Pulse	Teeth	Hearing	Reprod.	Feet

Urinalysis: Satisfactory? Yes No

Hematology Report: Satisfactory? Yes No No history and/or not at high risk of Anemia

Ability to lift and carry up to 50 lbs. without assistance? Yes No

Ability to push and pull up to 250 lbs? Yes No

Ability to stand, walk, climb stairs, sit in one place, squat, kneel, reach, bend, crawl, and twist? Yes No

Ability to perform repetitive hand and wrist motion for gripping and squeezing? Yes No

Ability to use hands and feet together for repetitive, coordinated motions? Yes No

Has student ever been treated for any psychiatric conditions? Yes No

If yes, please explain: _____

Does student appear to be in good physical and mental health currently? Yes No

If no, please explain: _____

Provider's Signature _____ Date _____