

University of West Georgia  
School of Nursing  
1601 Maple Street  
Carrollton, GA 30118  
Telephone: 678-839-6552  
Fax: 678-839-6553

## Physical Ability Form

HEALTHCARE PROVIDER: I have performed a complete health examination on

\_\_\_\_\_  
(Print Student's Name)

<b>General Medical:</b> Blood Pressure: _____ Pulse: _____					
	<b>Normal</b>	<b>Abnormal</b>		<b>Normal</b>	<b>Abnormal</b>
Head			Respiratory		
Eyes			Heart		
Ear, Nose, Throat			Abdomen		
Neck			G/U		
Skin			Other		
Physicians Comments: _____					

### OVERALL PHYSICAL EXAMINATION RESULTS:

Results	Check One	Comments
<b>PASSED WITHOUT LIMITATIONS:</b>		
<b>PASSED PENDING THE FOLLOWING:</b>		
<b>FAILED DUE TO THE FOLLOWING:</b>		
As of this date, I can find no physical or medical abnormality that would deter this student from fully participating and/or performing patient care activities in the clinical setting (extensive walking, bending, and lifting).		

Signature of Nurse Practitioner, Physician Assistant, or Medical Doctor:

Date of Physical Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Address: \_\_\_\_\_

Provider Telephone Number: (\_\_\_\_) \_\_\_\_\_

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