Auburn University School of Nursing Health Form

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PULSE	Blood Pressure	TEMP	
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Distant Vision:			
Rigth20/ C	orrected to 20/ I	Left 20/ Correct	ed to 20/
Skin Head, Face, Neck Vascular System Mouth & Throat Lungs & Chest Neurologic	Normal () Abnormal ()	Heart Nose & Sinuses Abdomen Teeth Endocrine System Spine	Normal () Abnormal ()
Are Muscle Streng	th and Function of Extremities N	ormal and All Digits Pr	esent? NO () YES ()
nurse. These abilities conditions, to read so to distinguish muted delicate equipment; and respond quickly writing; and (g) the PHYSICIAN'S OF	es include but are not limited to (a) as small print on labels and reports, and sounds through a stethoscope; (c) (d) strength to turn and assist with a in emergency situations; (f) the absolution about the absolute to detect odors. PTION: Is There or Has There Been	adequate vision, such as to discern subtle change fine motor skills and man lifting adults, and to lift a bility to communicate and an Any Physical or Emotion	monstrate the behaviors required of a professional hat required to observe changes in physical es in color; (b) adequate hearing, such as that required to handle small, and carry children; (e) the mobility to perform skills interact effectively with others, verbally and in an appearance of the problem That Is Likely to Interfere with the DOL OF NURSING? No () Yes () If Yes please
Please list any regu	ular prescription medication and	reason for taking:	
immunity. If you hav		ease have your primary ca	of chickenpox, mumps, or are uncertain of their re provider send a written report stating you are capable its or coworkers.
Signed	:(Must be signed by	MD or NP)	Date:
Clinic A	ddress:		
City: _		State:	Zip: