

Craven Community College PTA Program Physical Exam

Student Printed Name: _____ Student ID Number: _____

Address: _____ City: _____ Zip _____

Email: _____ Phone: _____

Height _____ Weight _____ TPR _____ / _____ / _____ BP _____ / _____ DOB _____

VISION		HEARING	
Corrected	Right 20/ _____ Left 20/ _____	(gross)	Right _____ Left _____
Uncorrected	Right 20/ _____ Left 20/ _____	15 ft.	Right _____ Left _____
Color Vision	_____		

Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neuropsychiatric			
10. Skin			

Is student under treatment for any medical or emotional condition? Yes _____ No _____
 Explain _____

Is student physically healthy? Yes _____ No _____
 Explain _____

Is student emotionally healthy? Yes _____ No _____
 Explain _____

Based on my assessment of this student's *physical and emotional health* on (date) _____, he/she appears able to participate in the activities of a health profession in a clinical setting and provide safe care to the public.
 YES _____ NO _____
 If No, please explain _____

Signature of Physician/Physician Assistant/Nurse Practitioner _____

Date _____

Print Name of Physician/Physician Assistant/Nurse Practitioner _____

Area Code/Phone Number _____

Office Address _____ City _____ State _____ Zip Code _____