

FRED W. EBERLE TECHNICAL CENTER
School of Practical Nursing
208 Morton Ave
Buckhannon, West Virginia 26201
(304)472-1276 Fax:(304)472-4993



MEDICAL EXAMINATION FORM

PART I

Name _____

Date _____

Address _____

Age _____

Last 4 SS # _____

Medical History of Applicant: (to be completed by applicant)

Tuberculosis _____

Diabetes _____

Heart Disease _____

Seizures _____

Cancer _____

Hepatitis _____

Injuries _____

Childhood Diseases _____

Musculoskeletal _____

Surgeries _____

Psychiatric _____

Respiratory disease _____

If yes to any of the above, please explain:

Medications (Please list any medications you are taking or sometimes take):

Family Medical History:

Please indicate if any of the above conditions exist in your family.

NOTE TO EXAMINING PHYSICIAN: PLEASE HAVE APPLICANT SIGN THE FOLLOWING:

I certify the above statements to be true to the best of my knowledge.

Signature of applicant _____ Date _____

**Fred W. Eberle School of Practical Nursing
Physical Exam Form**

Name: _____
DOB _____

Part II

PHYSICAL EXAM: (To be completed by physician)

Eyes: Vision: _____	With Glasses _____
Ears: Condition _____	Hearing _____
Nasopharynx: _____	Posture: _____
Head: _____	Neck: _____
Thyroid: _____	Skin: _____
Breasts : _____	Abdomen: _____
Heart: _____	Lungs: _____
Spine: _____	Feet & Arches _____
Varicosities: _____	Weight: _____
Height: _____	Pulse: _____
Temperature: _____	Blood Pressure _____

Comments: _____

Based on above findings and results of lab work, would you recommend this individual to be in suitable physical condition for training in practical nursing?

YES _____ NO _____ If no, please explain: _____

Signature Examining Physician **Address** **Date**

To be mailed by Physician to: Fred W. Eberle School of Practical Nursing
208 Morton Ave
Buckhannon, WV 26201