

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 _____
Address _____

Date _____
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/provider)*

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 Provider **Address** **Date**

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