TCAT UPPER CUMBERLAND

910 Miller Ave., Crossville, TN 38555

www.tcatuppercumberland.edu

Physical Examination
including Medical History
PRACTICAL NURSING and Surgical Technology

The medical history and physical examination form must be completed and filed with TCAT Upper Cumberland by the deadline. The physical examination must be completed no earlier than three (3) months before the first day of class.

Name: _____
Last First Middle Maiden, if married

Telephone: _____ PIN/ (your 3 initials + birthday)

Medical History (to be completed by applicant)

Have you ever had any of the following? Indicate with YES or NO for each one.

_____ Allergies
_____ Asthma
_____ Back Injury
_____ Cancer
_____ Diabetes
_____ Epilepsy/Seizure Disorder
_____ Emotional problems
_____ Eye/Vision Problems
_____ Heart Trouble
_____ Hepatitis
_____ High Blood Pressure
_____ Jaundice
_____ Kidney Disease
_____ Migraine
_____ Rupture or Hernia
_____ Skin Problems
_____ Surgeries/Injuries
_____ Take any medications
_____ Thyroid Disorder
_____ Treatment for drug or alcohol
_____ Use assistive devices, ex: hearing aid

If you indicated YES to any of the above, please explain:

_____

_____

Signature: _____Date: _____

Physical Examination (to be completed by a physician or nurse practitioner)

Name: _____
Last First Middle Maiden, if married

Blood Pressure _____ Pulse: _____
Vision screening _____ (If glasses are needed, they should be obtained before entering the program.)
Eyes: _____ GI: _____
Hearing: _____ GU: _____
Skin: _____ Neurological Status: _____
Lungs: _____ Musculoskeletal: _____
Heart: _____ TB Skin Test _____

Physical Job Requirements for Practical Nurses and Surgical Technologists

Continuously: stand/walk; verbal and written communication; hearing ordinary conversations; seeing near/far with acuity; chemical exposure to chemotherapeutic agents; general occupational exposure to airborne particulate; exposure to blood and body fluid.
Frequently: bend/stoop; squat/crouch; overhead: reach 7 lbs or more; lift 7 lbs or more; carry up to 10 lbs; patient transfers; push/pull up to 10 lbs; patient bed activities; distinguish colors; repetitive motion (hand/wrists); marked changes in temperature/humidity.
Occasionally: crawl, balance/ladder; carry up to 24 lbs; lift up to 24 lbs; push/pull more than 75 lbs; work with moving machinery, radioactivity, and excessive noise.

The applicant must be able to bend, stoop, lift, have manual dexterity, and fine motor skills as indicated above. In your medical opinion, would this person be able to perform these duties? _____

Do you consider the applicant mentally and physically able to perform the duties of an LPN or ST? ____
Based on your findings, are other tests indicated? _____ If yes, please list. If performed, please give results. _____
Additional Remarks: _____
_____

I have this day performed a physical examination and found the applicant in good health and free of communicable diseases.

_____
Physician or Certified Nurse Practitioner Signature Date

_____
Business Name Address