

Physical Assessment Form

Certified Nurse Aide

EXAMPLE

Healthcare Provider: I have performed a complete health assessment on:

(Print Patient's Name)

Health Questions:

- | | | |
|---|----------|---------|
| 1. Do you have a medical condition which in any way impairs or limits your ability to perform in clinical sessions with reasonable skill and safety? If yes, please attach explanation..... | Yes ____ | No ____ |
| 2. Pregnant? (A Doctor's release needed if Yes) | Yes ____ | No ____ |
| 3. Are you currently taking any medication? | Yes ____ | No ____ |
| If yes, Explain: _____ | | |
| 4. Can you bend, perform body mechanics, lift 25 - 50 lbs? (A Doctor's release needed if No)..... | Yes ____ | No ____ |
| 5. Do you have any defect, deformity, problem, or disease which may interfere with your participation in the Nurse Aide Training Program?..... | | |
| Yes ____ No ____ If Yes, Explain _____ | | |
| 6. Do you have problems standing for an extended period of time..... | | |
| Yes ____ No ____ | | |

Overall Physical Assessment Results:

Results	Check One	Comments
PASSED WITHOUT LIMITATIONS:		
PASSED PENDING THE FOLLOWING:		
FAILED DUE TO THE FOLLOWING:		
As of this date, I can find no physical or medical abnormality that would deter this student from fully participating and/or performing patient care activities as a Nurse Aide in a clinical setting (extensive walking, bending, and lifting).		

Signature of Nurse, Nurse Practitioner, Physician Assistant: _____

Date of Physical Assessment: _____ Facility: _____

Address: _____

Provider Telephone Number: _____