**NURSING**

**MEDICAL FORM**

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME** ( LAST, FIRST MI) | **TELEPHONE**  ( ) - | **CTC STUDENT NUMBER** |
| **PROGRAM**  (circle one) | **Associate Degree Nursing**  **LPN to RN Mobility Program** | **Practical Nursing Program** |
| **ALLERGIES** ( Food/Drug/**Latex)** | | |
| **Height** \_\_\_\_\_\_\_\_\_**Weight**\_\_\_\_\_\_\_\_\_  **Vision Right** 20/\_\_\_\_\_\_  **Left** 20/\_\_\_\_\_\_ | **Gender**: Male \_\_\_\_\_ Female\_\_\_\_\_\_  **Corrected** : Yes No glasses/contacts | **B/P** \_\_\_\_\_\_\_\_/\_\_\_\_\_ **Pulse** \_\_\_\_\_\_\_\_  **Color Blind** Yes No  **Hearing without deficit** Yes No |

**HISTORY**

*Place a check mark by any conditions that apply to this student:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Diabetes |  | Asthma |  | Depression |  |
| Arthritis |  | Heart Disease |  | Suicidal |  |
| B/P high or low |  | Angina Pectoris |  | Bipolar |  |
| Arterial Disease |  | Hepatitis |  | Schizophrenia |  |
| Anemia |  | Rheumatic Fever |  | Chemical dependency |  |
| Heart Murmur |  | Thyroid Disease |  | Psychosis |  |
| HIV/AIDS |  | Cancer |  | Hearing deficits |  |
| Heart Pacemaker |  | Jaundice |  |  |  |
| Artificial Joint |  | Convulsions |  |  |  |
| Artificial Heart Valve |  | Frequent headaches |  |  |  |
| Shortness of Breath |  | Frequent Urination |  |  |  |
| Kidney Disease |  | Venereal Disease |  |  |  |
| Lung Disease |  | Hemophilia |  |  |  |
| Ulcers |  | Other Blood Diseases |  |  |  |

**Other Serious Illnesses Not Listed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation/History of any checked above**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any previous surgery with year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments concerning the applicant’s physical and mental health, which should be brought to the attention of the college/program:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAM**

|  |  |  |
| --- | --- | --- |
| SYSTEM | NORMAL FINDINGS | ABNORMAL FINDINGS ( Explanation) |
| **Eyes, Ears, Nose and Throat** |  |  |
| **Lungs** |  |  |
| **Heart** |  |  |
| **Abdomen** |  |  |
| **Skin** |  |  |
| **Musculoskeletal** |  |  |
| **Neurological** |  |  |
| **Mental Status** |  |  |
| **Blood Chemistries** |  |  |

**Check One:**

\_\_\_\_\_\_\_\_ In my opinion, Applicant is able to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program at Columbus Technical College.

\_\_\_\_\_\_\_\_ In my opinion, Applicant is NOT able to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program at Columbus Technical College.

**Signature of person completing the exam:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Physician Physician’s Assistant Advanced Practice Nurse

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Examination Performed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IMMUNIZATIONS***

***Please attach a copy of the official records for the Immunizations listed below***

Yearly flu shot

MMR (two dates or Titer )

Varicella (documentation of hx of or vaccine or titer)

Tetanus (within 10 years)

Hepatitis B series (In progress or complete with 3 shots and TITER!)

**Hepatitis B waiver:**

I have been informed and understand the risks and the benefits of the Hepatitis B vaccine and refuse administration.

***PPD***

Date Given: \_\_\_\_\_\_\_\_\_\_Date Read: \_\_\_\_\_\_\_\_\_\_\_Results (in mm): \_\_\_\_\_\_mm

If CXR Needed: Date Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Results: Negative / Positive

If CXR is negative, when should client repeat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I authorize CTC to release my health information to clinical sites.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

***Please attach a copy a current CPR Card***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CORE PERFORMANCE STANDARDS\***

All students are expected to be able to achieve certain core performance standards necessary for professional nursing practice. The standards presented here are not intended to be a complete list of professional nursing practice behaviors but rather as a sampling of the types of abilities needed by the nursing student to meet program goals. The program administration and faculty reserves the right to amend this listing based on the identification of additional standards or criteria for nursing students. **Students** and **practitioners** must sign the Verification of Core Performance Standards Statement as a part of the program application process. Circle response

|  |  |  |  |
| --- | --- | --- | --- |
| **C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD21301_.gif** | **Requirements** | **Standards** | **Examples** |
| YES  NO | Critical thinking | Critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation | Identification of cause/effect relationships in clinical situations ;Use of the scientific method in the development of patient care plans; Evaluation of the effectiveness of nursing interventions |
| YES  NO | Professional Relationships | Interpersonal skills sufficient for professional interactions with a diverse population of individuals, families and groups | Establishment of rapport with patients/clients and colleagues; Capacity to engage in successful conflict resolution; Peer accountability |
| YES  NO | Communication | Communication adeptness sufficient for verbal and written professional interactions | Explanation of treatment procedures, initiation of health teaching. Documentation and interpretation of nursing actions and patient/client responses |
| YES  NO | Mobility | Physical abilities sufficient for movement from room to room and in small spaces | Movement about patient's room, work spaces and treatment areas; Administration of rescue procedures-cardiopulmonary resuscitation |
| YES  NO | Motor skills | Gross and fine motor abilities sufficient for providing safe, effective nursing care | Calibration and use of equipment; Therapeutic positioning of patients |
| YES  NO | Hearing | Auditory ability sufficient for monitoring and assessing health needs | Ability to hear monitoring device alarm and other emergency signals; Ability to discern auscultatory sounds and cries for help |
| YES  NO | Visual | Visual ability sufficient for observation and assessment necessary in patient care | Ability to observe patient's condition and responses to treatments |
| YES  NO | Tactile Sense | Tactile ability sufficient for physical assessment | Ability to palpitate in physical examinations and various therapeutic interventions |
| YES NO | Lifting | Physical abilities sufficient to stand for long periods of time lift and move heavy objects | Therapeutic positioning of patients and equipment |

**Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_**