



Middle Tennessee State University
Master of Science in Nursing
Health History and Physical Examination Form

HEALTH HISTORY – To be completed by student and/or health care provider – include immunization documentation and values.

Name: _____ Male ___ Female ___ Transgender ___
Birth Date: ___/___/___
Street Address: _____ City _____
State _____ Zip _____ Phone# _____
In Emergency, Notify _____ Phone# _____

PLEASE CHECK () ANY OF THE FOLLOWING THAT YOU HAVE HAD IN THE PAST OR HAVE AT PRESENT:

- Allergy Specify _____
Arthritis
Artificial Joint
Asthma
Bone or Muscle Trouble
Cancer
Frequent Colds
Depression
Diabetes
Epilepsy/Seizures
Eye Trouble
Fainting or Dizzy Spells
Hay Fever
Frequent Headache
Heart Disease
Hemophilia
Hepatitis
Kidney Trouble
Liver Disease
Nervousness
Psychiatric Treatment
Stroke
Tuberculosis
Ulcers

Comment on all positive responses and any major illness, operations, injuries or other health problems:

Have you ever been hospitalized? yes no If YES, for what, where and at what age?

Do you currently take any medication on a regular or long-term basis? yes no
If YES, please specify _____

MEDICAL EXAMINATION – To be completed by MD, NP, or PA

Blood Pressure _____ Height _____ Weight _____

Eyes: Vision.....R20/ _____ L20/ _____ Hearing.....R _____ L _____

Glasses worn yes no

Hearing Aids yes no

Contacts yes no

List Positive Findings of Complete Medical Exam:

Recommendations regarding treatment and correction: _____

Amy condition which may result in an emergency? yes no If YES, specify _____

List other health concerns that could interfere with learning: _____

Because MTSU seeks to provide in as much as possible a reasonably safe environment for its health career students and their patients, a student may be required, during the course of the program, to demonstrate his/her physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

Is there a condition that may limit participation in?

A. Classroom activity? yes no

B. Clinical activity? yes no

If YES, specify: _____

Comments and recommendations: _____

On the basis of this examination and mindful of the note above, in my opinion, the applicant is physically and mentally fit to participate in the nursing program.

Date _____

Signature _____ ***MD or NP or PA***

Phone number _____

Printed Name _____

Address _____

STUDENT AFFIRMATIONS – To be signed by the student and witness

Core Performance Standards Required for Nursing

Issue	Standard	Some Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause and effect relationships in clinical situations, develop nursing care plans.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish rapport with patients/clients and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces	Moves around in patient's rooms, workspaces, and treatment areas, administer cardiopulmonary procedures.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position patients/clients.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Hears monitor alarm, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Observes patient/client responses.
Tactile	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertions of catheter.

I certify that I have reviewed the foregoing information supplied by me and my health care provider and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish MTSU a complete transcript of my medical record for purposes of determining my eligibility to participate in the nursing program. I understand that falsification of information will result in immediate dismissal.

I further understand that during the course of the program I will be required to demonstrate physical and emotional fitness to meet the essential requirements of the program. Such essential requirements may include the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

Date

Student Signature

Witness

This completed form with all required documentations must be returned to the School of Nursing and uploaded into Medatrx by the announced deadline or you will not be allowed to register and/or participate in classes or clinical. Necessary treatments or corrections must be taken care of prior to beginning nursing courses. Enrollment in the nursing major is limited. Failure to comply with all health requirements will result in dismissal and your space will be offered to the next qualified alternate.

Middle Tennessee State University

MTSU is an equal opportunity, non-racially identifiable, educational institution that does not discriminate against individuals with disabilities.