

**THOMAS NELSON COMMUNITY COLLEGE
NURSING PROGRAM
PRE-ENTRANCE MEDICAL EXAMINATION**

A pre-entrance medical examination is required for all students enrolled in the Nursing Program. This form must be completed by a health care provider and returned directly to the nursing office by the designated date. Please be sure it is filled out completely, and retain a copy for your records.

Name of Applicant: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone Number: _____

Date of Birth: _____

(Month) (Day) (Year)

To be completed by Student:

STUDENT'S HEALTH HISTORY

Check any conditions that apply if you have (or have had in the past) these problems. Provide details of positive answers below.

- | | | | |
|---|--|--|---------------------------------------|
| <input type="radio"/> Anemia | <input type="radio"/> Kidney infection or stone | <input type="radio"/> Migraine headaches | <input type="radio"/> Substance abuse |
| <input type="radio"/> Asthma | <input type="radio"/> Hearing loss | <input type="radio"/> Mononucleosis | <input type="radio"/> Thyroid trouble |
| <input type="radio"/> Bleeding Disorder | <input type="radio"/> Heart disease | <input type="radio"/> Organ transplant | <input type="radio"/> Tuberculosis |
| <input type="radio"/> Cancer | <input type="radio"/> Hepatitis or liver disease | <input type="radio"/> Pneumonia | <input type="radio"/> Other _____ |
| <input type="radio"/> Colon problem | <input type="radio"/> High blood pressure | <input type="radio"/> Rheumatic fever | _____ |
| <input type="radio"/> Diabetes | <input type="radio"/> Hospitalizations | <input type="radio"/> Rheumatoid arthritis | |
| <input type="radio"/> Eating disorder | <input type="radio"/> Lung disease | <input type="radio"/> Seizure disorder | |
| <input type="radio"/> Eye disorder | <input type="radio"/> Mental health | <input type="radio"/> Stomach problems | |

Details: _____

ALLERGIES: Medications, Foods, Pollen, etc. (include reaction) _____

MEDICATIONS

List medications (including birth control, acne drugs, antidepressants, etc) you are currently taking (include medication/dosage and reason for taking them)

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Hospitalizations/Surgeries (List procedures and dates):

FAMILY HISTORY

Check any that apply, if condition exists in your family (immediate family, grandparents, aunts, uncles, cousins)

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Allergies | <input type="radio"/> Diabetes | <input type="radio"/> Lung disease | <input type="radio"/> Ulcer |
| <input type="radio"/> Asthma | <input type="radio"/> Eye disorders | <input type="radio"/> Mental illness | <input type="radio"/> None |
| <input type="radio"/> Bleeding Disorders | <input type="radio"/> Heart disease | <input type="radio"/> Rheumatic fever | <input type="radio"/> Other _____ |
| <input type="radio"/> Cancer | <input type="radio"/> High blood pressure | <input type="radio"/> Stroke | _____ |
| | | <input type="radio"/> Tuberculosis | |

Statement of Understanding Regarding Pre-Entrance Medical Examination

The answers that I have given regarding my health status are true to the best of my knowledge. Falsification of any information in the questionnaire may result in dismissal from the Thomas Nelson Community College Nursing Program. I understand that the information will be used to determine whether I am capable of performing the physical requirements for the nursing program. My signature below indicates my understanding of the above statement.

Date: _____ Student Signature: _____

To Be Completed by the Health Care Provider:

Please assess the following systems. Describe fully any abnormal findings. Use additional sheet if needed.

Height: _____ Weight: _____

	WNL			WNL	
	YES	NO		YES	NO
Head, Ears, Nose or Throat	<input type="radio"/>	<input type="radio"/>	Musculoskeletal	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>	Metabolic/Endocrine	<input type="radio"/>	<input type="radio"/>
Respiratory	<input type="radio"/>	<input type="radio"/>	Neuro	<input type="radio"/>	<input type="radio"/>
Cardiovascular	<input type="radio"/>	<input type="radio"/>	Psychiatric	<input type="radio"/>	<input type="radio"/>
Gastrointestinal	<input type="radio"/>	<input type="radio"/>	Skin	<input type="radio"/>	<input type="radio"/>
Genitourinary	<input type="radio"/>	<input type="radio"/>			

DIAGNOSIS:

- Excellent health with no chronic medical problems OR
- Other diagnosis and recommendations – please list: _____
- _____
- _____

At this time, are you aware of any health conditions that would affect this individual's progress in the nursing program?
 _____ Yes _____ No

Recommendations: _____

Date: _____ Physician Signature: _____

Physician's Printed Name: _____

**THOMAS NELSON COMMUNITY COLLEGE
NURSING PROGRAM
ESSENTIAL FUNCTIONS AND PHYSICAL DOCUMENTS**

The nursing faculty has determined that to successfully complete the classroom and clinical components of the Thomas Nelson Community College Nursing Program, the student must be able to perform defined essential functions. These essential functions include but are not limited to the following:

Attendance:

Regular classroom and clinical attendance as defined by the nursing program policies.

Essential Mental Abilities:

1. Maintain reality orientation accompanied by short and long term memory.
2. Adapt to school and clinical environment.
3. Follow rules and instructions.
4. Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
5. Comprehend and apply basic mathematical skills.
6. Demonstrate safe nursing practice within the defined clinical time period.
7. Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
8. Adhere to the ethical/legal standards of nursing practice.

Essential Communication Skills:

1. Speak clearly in order to communicate with patients, families, health care team members, peers and faculty.
2. Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communicate and organize thoughts in order to prepare written documents.
4. Prepare written documents that are correct in style, grammar and mechanics.

Essential Physical Abilities:

1. Stand and walk for six to eight hours/day.
2. Walk for prolonged periods from one area to another over an eight hour period.
3. Bend, squat and kneel.
4. Assist in lifting or moving patients of all age groups and weights.
5. Perform CPR, i.e., move above patient to compress chest and manually ventilate patient.
6. Work with arms fully extended overhead.
7. Use hands for grasping, pushing, pulling, and fine manipulation.
8. Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.

Essential Sensory Abilities:

1. Possess tactile ability to differentiate changes in sensation.
2. Possess tactile ability sufficient for physical assessment.
3. Possess auditory acuity to note slight changes in the patient's condition, i.e., lung sounds, etc.
4. Possess auditory acuity to hear patient calls for assistance without facing the patient.
5. Possess auditory acuity to interpret various equipment signals and use the telephone.
6. Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
7. Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
8. Possess olfactory ability sufficient to detect differences in odor.

At this time, are you aware of any health conditions that would affect this individual's progress in the nursing program?
_____ Yes _____ No

Recommendations: _____

Date: _____

Healthcare Provider's Signature: _____

Healthcare Provider's Printed Name: _____