



600 Eisenhower Pkwy.

P/F: 478-742-5230

(Macedonia Baptist Church Annex Building)

Macon, Ga. 31206

Nursing Assistant Program Physical Assessment Form 2

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? Yes or No (circle one)

If yes, please attach explanation _____

2. Pregnant? (A Doctor's release needed if Yes) circle one Yes or No

3. Are you currently taking any medication? (circle one) Yes or No

If yes, Explain:

4. Can you bend, perform body mechanics, lift 25 - 50 lbs.? (A Doctor's release needed if no) circle one Yes or No

5. Do you have any defect, deformity, problem, or disease which may interfere with your participation in the Nurse Aide Training Program? (circle one) Yes or No

If Yes, Explain: _____

6. Do you have problems standing for an extended period of time? (circle one) Yes or No

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).

Printed Name of MD/NP/PA: _____

Signature of Medical Doctor, Nurse Practitioner, Physician Assistant: _____

Date of Physical Assessment: / / Facility: _____

Address: _____

Provider Telephone Number: () _____