



P/F: 478-742-5230

600 Eisenhower Pkwy.

(Macedonia Baptist Church Annex Building)

Macon, Ga. 31206

Nursing Assistant Program Physical Assessment Form 1

STUDENT'S NAME:

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

Date of Birth: ____/____/____

ANSWER THE FOLLOWING QUESTIONS. PLEASE BE HONEST

EXPLAIN ANY QUESTIONS ANSWERED WITH A YES.

ALLERGIES: Yes: _____ No: _____

Please list any allergies here: _____

Do you have any Mental Disorders or Mental Health concerns? YES: _____ NO: _____

If Yes, Please Explain. This will not disqualify you from the program and will be confidential.

HEARING PROBLEMS: YES: _____ NO: _____

BACK PROBLEMS: YES: _____ NO: _____

LIFTING RESTRICTIONS: YES: _____ NO: _____

(i.e., arthritis, injury, surgeries etc.) If so, please provide a letter of release signed by a physician giving you permission to participate in the program.

Are you Allergic to Latex; YES: _____ NO: _____

If so, what signs and symptoms do you display after exposure to Latex.

***Please list any other conditions that you feel may present a risk for you or that the instructor should be aware of to protect you.**

MD/PA/NP'S SIGNATURE: _____

MD/PA/NP'S PRINT NAME: _____

DATE: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____

Contact Telephone # _____

Relation to Contact Person: _____