



Health/Physical Exam

All clinical faculty must have an annual health/physical exam while participating in clinical practicum courses with the SON.

History and Physical Clearance

A report, signed by your health care provider (physician, physician's assistant, or nurse practitioner), shall be provided to the nursing program. This report shall indicate that the faculty does not have any health condition(s) that would create a hazard to themselves, employees, or patients (Title 22). Contracts with the facilities require that we assure faculty and students are free of medical conditions (physical and/or mental) and/or contagious disease(s) that would pose a risk to others.

HEALTH/PHYSICAL EXAMINATION FORM		
Faculty Name: _____		
CWID: _____	DOB: _____	Date of Exam: _____
TO BE COMPLETED BY HEALTHCARE PROVIDER		
<p>I have verified that the individual I have examined is the named individual on this form and find that this individual (please check all that apply):</p> <p>_____ is free of any medical condition and/or contagious disease and does not pose a health risk to others</p> <p>_____ is free of any mental or physical impairment that would prevent the faculty member from meeting his/her clinical practicum teaching obligation</p>		
Signature of Healthcare Provider: _____		
Printed name of Healthcare Provider: _____		
Provider Number: _____		
Phone Number: _____		
Date of Exam: _____		