

## Health/Physical Exam

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

### History and Physical Clearance

A report, signed by the physician, physician's assistant, or nurse practitioner, shall be provided to the nursing program. This report shall indicate that the student does not have any health condition(s) that would create a hazard to themselves, employees, or patients (Title 22). **NOTE: Nursing students who have a condition (impairment) which could interfere with the performance of their essential duties, should connect with the University Disability Services to determine what accommodations would be reasonable in a clinical setting.**

HEALTH/PHYSICAL EXAMINATION FORM		
Student Name: _____		
CWID: _____	DOB: _____	Date of Entry Into CSUF Nursing: _____
<b>TO BE COMPLETED BY HEALTHCARE PROVIDER</b>		
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>_____ 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 student from meeting the clinical practicum training obligation</p> <p>_____ The student has the following (impairment) which could interfere with the performance of the essential duties and needs to be followed-up with the University Disability Services to determine what accommodations would be reasonable in the clinical setting. _____</p> <p>_____</p> <p>_____</p>		
Signature of Healthcare Provider: _____		
Printed name of Healthcare Provider: _____		
Provider Number: _____		
Phone Number: _____		
Date of exam: _____		