



Pre- Licensure Nursing Student Health/Physical Report

The COMPLETED Health/Physical Report must be submitted by the Provider's office on or before the designated due date for the program to which you are applying or is required for submission by students who have been out of a Pre- Licensure program for one year. Documentation from the health care provider identifying the limitation(s) and ability to perform technical standards will be required for continued enrollment.

Student Name: _____ Student ID: _____

Date of Birth: (Month/day/year) _____/_____/_____ Program: ABSN ASN BSN

Vision: Corrective Lenses Yes No Is student colorblind? Yes No
 Hearing: WDL Yes or No Hearing Aids Used: Yes or No
 Ability to lift or carry 25lbs: Yes or No Fine/Gross Motor Skills: WDL Yes or No

- Does the student have any life threatening allergies? Yes or No
 If "yes" list allergen: _____
- Does the student require use of Epipen? Yes or No
- Does the student require any other prescribed medications for life threatening allergy? Yes or No
 If "yes", list medications required: _____

| Body System | Within Defined Limits | Exceptions | Describe |
|--------------------------------|-----------------------|------------|----------|
| Head, Ears, Eyes, Nose, Throat | | | |
| Neurological | | | |
| Respiratory | | | |
| Cardiovascular | | | |
| Gastrointestinal | | | |
| Genitourinary | | | |
| Musculoskeletal | | | |
| Metabolic/Endocrine | | | |
| Mental Health | | | |
| Integumentary | | | |

- Is the student currently under treatment for any medical or emotional conditions? Yes or No
 If "yes" explain: _____

North Carolina § 90-171.37 requires freedom from a mental or physical disability or use of any drug to a degree that interferes with fitness to practice nursing.

Does the student meet this requirement? Yes or No, Please Explain: _____

Facility/Office Stamp: _____ Signature of MD/PA/NP: _____ Date: _____
 (Verify NC 90-171.37 box above is checked)

PLEASE SUBMIT THIS COMPLETED FORM VIA FAX TO 704-406-3919 (ATTENTION TO: JESSICA IVEY)

OR

EMAIL TO both ADMISSIONS@GARDNER-WEBB.EDU AND TO DCP@GARDNER-WEBB.EDU