



PHYSICAL ASSESSMENT FORM

**Certified Nurse Aide
Georgia Training Center**

Healthcare Provider: I have performed a complete health assessment on:

(Print Patients 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? If yes, please attach explanation.....	Yes ___	No ___
2. Pregnant? (A Doctor's release needed if Yes)	Yes ___	No ___
3. Are you currently taking any medication?	Yes ___	No ___
If yes, Explain: _____		
4. Can you bend, perform body mechanics, lift 25 - 50 lbs? (A Doctor's release needed if No).....	Yes ___	No ___
5. Do you have any defect, deformity, problem, or disease which may interfere with your participation in the Nurse Aide Training Program?.....	Yes ___	No ___ If Yes, Explain _____

6. Do you have problems standing for an extended period of time.....	Yes ___	No ___

Overall Physical Assessment Results:

Results	Check One	Comm
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).		

Signature of Nurse, Nurse Practitioner, Physician Assistant: _____

Date of Physical Assessment: ___/___/___ Facility: _____

Address: _____

Provider Telephone Number: (____) _____

Vitals: Wt _____ Ht _____
Blood Pressure _____ Pulse _____ Respirations _____