



**TENNESSEE COLLEGE  
OF APPLIED TECHNOLOGY**  
CROSSVILLE

910 Miller Ave., Crossville, TN 38555

www.tcatcrossville.edu

**Physical Examination  
including Medical History  
PRACTICAL NURSING and Surgical Technology**

The medical history and physical examination form must be completed and filed with TCAT Crossville by the deadline. The physical examination must be completed no earlier than three (3) months before the first day of class.

Name: \_\_\_\_\_  
                     Last                                    First                                    Middle                                    Maiden, if married

Telephone: \_\_\_\_\_ PIN (your 3 initials + birth day)

**Medical History (to be completed by applicant)**

Have you ever had any of the following? Indicate with YES or NO for each one.

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Kidney Disease                         |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Migraine                               |
| <input type="checkbox"/> Back Injury               | <input type="checkbox"/> Rupture or Hernia                      |
| <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Skin Problems                          |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Surgeries/Injuries                     |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Take any medications                   |
| <input type="checkbox"/> Emotional problems        | <input type="checkbox"/> Thyroid Disorder                       |
| <input type="checkbox"/> Eye/Vision Problems       | <input type="checkbox"/> Treatment for drug or alcohol          |
| <input type="checkbox"/> Heart Trouble             | <input type="checkbox"/> Use assistive devices, ex: hearing aid |
| <input type="checkbox"/> Hepatitis                 |   |
| <input type="checkbox"/> High Blood Pressure       |   |
| <input type="checkbox"/> Jaundice                  |   |

If you indicated YES to any of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Physical Examination (to be completed by a physician or nurse practitioner)**

Name: \_\_\_\_\_  
 Last First Middle Maiden, if married

Blood Pressure \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision screening \_\_\_\_\_ (If glasses are needed, they should be obtained before entering the program.)

Eyes: _____	GI: _____
Hearing: _____	GU: _____
Skin: _____	Neurological Status: _____
Lungs: _____	Musculoskeletal: _____
Heart: _____	TB Skin Test _____

**Physical Job Requirements for Practical Nurses**

Continuously: stand/walk; verbal and written communication; hearing ordinary conversations; seeing near/far with acuity; chemical exposure to chemotherapeutic agents; general occupational exposure to airborne particulate; exposure to blood and body fluid.

Frequently: bend/stoop; squat/crouch; overhead: reach 7 lbs or more; lift 7 lbs or more; carry up to 10 lbs; patient transfers; push/pull up to 10 lbs; patient bed activities; distinguish colors; repetitive motion (hand/wrists); marked changes in temperature/humidity.

Occasionally: crawl, balance/ladder; carry up to 24 lbs; lift up to 24 lbs; push/pull more than 75 lbs; work with moving machinery, radioactivity, and excessive noise.

The applicant must be able to bend, stoop, lift, have manual dexterity, and fine motor skills as indicated above. In your medical opinion, would this person be able to perform these duties? \_\_\_\_\_

Do you consider the applicant mentally and physically able to perform the duties of an LPN? \_\_\_\_\_

Based on your findings, are other tests indicated? \_\_\_\_\_ If yes, please list. If performed, please give results. \_\_\_\_\_

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_

I have this day performed a physical examination and found the applicant in good health and free of communicable diseases.

\_\_\_\_\_  
 Physician or Certified Nurse Practitioner Signature Date

\_\_\_\_\_  
 Business Name Address