



School of Business, Education and Health Sciences  
 Nursing and Allied Health Department  
**STUDENT HEALTH EVALUATION**

Name:

Last

First

Middle

Date:

	_____		_____
	_____	Substance Abuse	_____
Visual/Hearing	_____		Alcohol
Respiratory	_____		_____
Other	_____	Tuberculosis	Illegal Drugs
	_____		_____

a minimum of 35 pounds from floor level to waist level, and a minimum of 10 pounds from waist level to shoulder level  
**Carry** a minimum of 20 pounds while walking a distance of 100 feet or more  
**Bend or flex** the upper trunk forward up to 45 degrees and flex the lower torso into a squatting position  
**Rotate**  
**Reach** up to a height of 72" above floor level




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# STUDENT HEALTH EVALUATION

**Essential Functions:** All students are required, throughout the program, to meet the following essential functions for entry and continuation in the health programs.

## Physical Demands

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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EXAMINATION	NORMAL	ABNORMAL	IF ABNORMAL, PLEASE NOTE DETAILS
General Appearance			
Vision			
Hearing			
Allergy to Latex?			
Other Allergies			

Skin, NaVai, NaVa 80.4 0.481 ref251.5A(ea)-(r)-2.7 (i)-2.7TT.107 0 Td11.9