

**PRE-ENTRANCE PHYSICAL EXAMINATION FORM**

*(must be completed by a licensed physician)*

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

The University recognizes that certain fundamental physical requirements are essential to perform all of the functions of a student nurse and that there are environmental factors inherent to the surrounding in which the student learns.

After performing a complete physical examination on the applicant, please indicate whether or not he/she can perform the following activities:

**PHYSICAL REQUIREMENTS**

	CAN PERFORM	CANNOT PERFORM	COMMENTS
1. Lifting 14-44 lbs.			
2. Carrying 14-44 lbs.			
3. Pushing/pulling 71-100 lbs.			
4. Fine motor skills of all fingers and both hands.			
5. Full manual dexterity of upper extremities.			
6. Unrestricted movement of both lower extremities; neck, shoulders, back and hips.			
7. Walking.			
8. Standing 4-6 hours.			
9. Sitting 2-4 hours.			
10. Twisting at waist.			
11. Kneeling			
12. Climbing			
13. Squatting			

**University of Pittsburgh at Titusville  
Nursing Program**

---

14. Reaching above shoulders			
15. Hearing WNL – aid permitted (must be able to function without lip reading)			
16. Smelling WNL – (must be able to detect odors)			
17. Touching (temperature and vibratory sense.)			
18. Vision (color) must be able to distinguish shades of color.			
19. Vision 20-20 with or without correction.			
20. Depth perception WNL.			
21. Speaks (clearly).			

**ENVIRONMENTAL FACTORS**

	<b>CAN PERFORM</b>	<b>CANNOT PERFORM</b>	<b>COMMENTS</b>
1. Working closely with others.			
2. Working around biohazards.			
3. Working around infectious diseases.			
4. Working with or near the deceased.			
5. Working with hands in water.			
6. Electrical hazards associated with patient care equipment.			

Significant Medical History and Current Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**University of Pittsburgh at Titusville  
Nursing Program**

---

---

Current Medications: \_\_\_\_\_

---

---

Allergies: \_\_\_\_\_

---

---

Free of communicable disease?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

---

---

---

---

---

**University of Pittsburgh at Titusville  
Nursing Program**

---

Requirements:

1. MMR titer (some labs order them as: Rubeolla antibody IGG, Mumps antibody IGG and Rubella antibody IGG)
2. Varicella titer (Varicella antibody IGG)
3. PPD ( Two step required) Information regarding testing included
4. Tetanus Booster (Tdap)
5. Hepatitis B Titer (a Hepatitis B Surface Antibody, Quantitative, must be drawn.
6. Annual Influenza vaccine in the Fall prior to October 31<sup>st</sup>. Please give documentation to secretary with date, type, lot #, and signature of provider.

**PLEASE COMPLETE THE CHART BELOW.**

IMMUNIZATION	DATE	RESULTS	COMMENTS
*Rubeola Screen (german measles)			Attach results of MMR titer.
*Mumps Titer Screen			Attach results of MMR titer.
*Rubella Screen (measles)			Attach results of MMR titer.
Hepatitis B			Attach results of Titer
Varicella Titer (chicken pox)			Attach results of varicella titer.
<b>PPD (Two Step Required)</b>			
<b><u>Required Documentation for PPD</u></b>			
1. Date of PPD application and lot number of PPD vial			Must be within 3 months
2. Date read with result		1.	
3. RN's initials who read result			
		2.	<b>If</b> a history of a positive PPD a chest x-ray is required within 3mo of admission and a copy of the report <b>MUST</b> be sent.
<b>Tetanus Booster (Tdap) unless there is documented reaction to Pertussis, then only Td is required.</b>			
			Must be within 10 years from application date

\*or evidence of MMR Booster...if less expensive for client to have an MMR Booster, we will accept current MMR booster if it has been given within the last 5 years.

**University of Pittsburgh at Titusville  
Nursing Program**

---

---

Please comment on the emotional stability of the student as it relates to his/her ability to perform, under stress, the essential functions of a student nurse.

---

---

---

---

---

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to:** Louise Schwabenbauer, RN, MSN, MED  
Interim Director of the Nursing Program  
University of Pittsburgh at Titusville  
504 E. Main Street, PO Box 287  
Titusville, PA 16354

**PPD ADMINISTRATION**  
Please complete the following:  
(Step 1)

PRIMARY CARE: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date Administered: \_\_\_\_\_

Date Read: \_\_\_\_\_

Interpretation: \_\_\_\_\_

Size: \_\_\_\_\_

Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Site: \_\_\_\_\_ forearm

Administrator's Signature: \_\_\_\_\_

**PPD ADMINISTRATION**  
Please complete the following:  
(Step 2)

PRIMARY CARE: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date Administered: \_\_\_\_\_

Date Read: \_\_\_\_\_

Interpretation: \_\_\_\_\_

Size: \_\_\_\_\_

Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Site: \_\_\_\_\_ forearm

Administrator's Signature: \_\_\_\_\_