



California Academy of Leadership & Continuing Education [CALACE], LLC
 Verification # 4E6HSX | Entity #202121510439 | Business License#43213 | EIN - 87-1992936
 1535 Landess Avenue, Unit 103, Milpitas, 95305 California
 Phone/SMS: +1 (408) 901-0080 | email: dr.c@calace.training | website: www.cna.school

Physical Examination Form

Reason for PE: Nursing school and Nursing facility requirement

Student Information

Full Name: _____ Date of Birth: _____
 Address: _____ City _____ State _____ Zip _____
 Phone Number: _____ Email Address _____

Physician Information

Physician's Name: _____ Clinic/Hospital
 Name _____
 Address: _____ City _____ State _____ Zip _____
 Phone Number: _____ Email Address _____

Medical History

Current Medications: _____
 Allergies (including medications, food, etc.): _____
 Past Surgeries/Hospitalizations: _____
 Chronic Illnesses/Conditions: _____
 Family Medical History (relevant conditions): _____

Physical Examination

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
 Respiratory Rate: _____ Temperature: _____ Oxygenation: _____

Examination Findings

General Appearance: _____ Skin: _____
 Head/Eyes/Ears/Nose/Throat (HEENT): _____ Neck: _____
 Lungs/Chest: _____ Heart: _____
 Abdomen: _____ Musculoskeletal: _____
 Neurological: _____ Psychiatric: _____
 Vision (Snellen): _____ Hearing: _____

Physician's Certification

I certify that I have examined the above-named student and find them to be in good physical and mental health, and fit to undertake a nursing assistant program.

Physician's Signature: _____ Date: _____