California Academy of Leadership & Continuing Education [CALACE], LLC
1535 Landess Avenue, Unit 103, Milpitas, 95305 California
Phone/SMS: +1 (408) 256-0763 | *email:* calace@cna.school | *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/Nurse Practitioner's Information

Physician/Nurse Practitioner's Name: _____Clinic/Hospital _____

Address: _____City_____ State_____ Zip_____
Phone Number: _____Email Address_____

Patient's/Student's 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/Nurse Practitioner'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/Nurse Practitioner's Signature: _____License # _____Date: _____