



**American
Red Cross**

Nurse Assistant Training Program

Medical Education Student Physical Examination Form

Student Full Name: _____ Phone: _____

Last 4 Digits of Social Security #: _____ Date of Birth: _____

TO THE EXAMINING PHYSICIAN:

Each student participating in an American Red Cross medical education training program (e.g. nurse assistant training, home health aide training, etc.) is required to successfully pass a complete physical examination and be certified as physically able to participate by a healthcare provider (MD, DO, nurse practitioner, physician's assistant). The American Red Cross wants to protect the physical well-being of every student. This objective takes precedence over personal interest or activity needs. Please evaluate whether the student has any health issues that would interfere with their ability to meet the guidelines listed on the reverse side of this form. Students who fail to meet these guidelines should be advised to refrain from participating until the health issues are corrected.

Height: _____ Weight: _____ T _____ P _____ R _____ B/P _____

Allergies: _____ Asthma _____ Eczema _____ Other _____

Head: Frequent Headaches _____ Dizziness _____ Other _____

Cardio-Respiratory: Chronic Cough _____ SOB _____ HTN _____ Other _____

Endocrine: Diabetes _____ Hypoglycemia _____ Other _____

Bones and Joints: Arthritis _____ Fractures _____ Sprains _____ Other _____

Back Pain/Previous Injuries _____

Lower Extremities: Swelling _____ Foot Trouble _____ Varicose Veins _____ Other _____

Neurological: Epilepsy _____ Convulsions _____ Other _____

Pregnancies: Current Status _____

Frequency of Alcohol/Drug/Tobacco use: _____

Current Medications: _____

Any serious medical Illness/Injury/Surgery in the past year: _____

Current medical or surgical conditions: _____

Hearing Impairments _____

Visual Impairments _____

HEALTHCARE PROVIDER'S SIGNATURE REQUIRED ON BACK

PHYSICAL GUIDELINES FOR MEDICAL EDUCATION STUDENTS:

1. **Strength.** Student must be able to perform physical activities requiring ability to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds [with assistance].
2. **Manual Dexterity.** Student must be able to perform motor skills such as standing, walking and handshaking, and manipulative skills such as writing and calibration of equipment.
3. **Coordination.** Student must be able to maintain body coordination such as walking, retrieving equipment; hand-eye coordination such as keyboard skills; and tasks which require arm-hand steadiness such as taking blood pressure, calibration of tools and equipment, etc.
4. **Mobility.** Student must be able to perform mobility skills such as walking, standing, and occasionally prolonged standing or sitting in an uncomfortable position.
5. **Tactile.** Student must have tactile ability sufficient for physical assessment. Must be able to perform palpation, functions of physical examination and/or those related to therapeutic intervention.
6. **Conceptualization.** Student must be able to understand and relate to specific ideas, concepts and theories generated and simultaneously discussed.
7. **Memory.** Student must be able to remember tasks/assignments given to self and others over both long and short periods of time.
8. **Critical Thinking.** Student must possess critical thinking ability sufficient for clinical judgment. Must be able to apply theoretical concepts to clinical settings.
9. **Interpersonal.** Student must have interpersonal skills sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.
10. **Communication.** Student must be able to communicate effectively during interaction with others in written and verbal form. Must be able to explain treatment procedures and initiate health teaching.
11. **Substance Abuse.** Student must display no evidence or indication of current alcohol or drug abuse.

If a student is pregnant, OB/GYN healthcare provider signature is required for enrollment due to lifting requirements as listed in guidelines

After reviewing the patient's medical history and reviewing program guidelines (please check one):

_____ I hereby certify that this patient is physically able to fully participate in this program.

_____ I am NOT able to approve this patient for full participation in this program.

Name (printed) of examining healthcare provider

Title of examining healthcare provider

Signature of examining healthcare provider

Date of examination