

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE
DIVISION OF NURSING
STUDENT HEALTH RECORD

Student Name: _____ Sex: _____ DOB: _____

Last 4 digits of SS#: _____ Age: _____ Phone #: _____

Emergency contact: _____ Phone #: _____ Relationship: _____

PAST/CURRENT MEDICAL HISTORY: Circle if you currently have or have ever had any problem with the listed conditions.

Arthritis/Polio/Back Pain	Emotional/Mental illness	HIV/AIDS	Recent weight change
Asthma	Epilepsy/Seizures	Jaundice	Rectal/Bowel problem
Bleeding disorder	Fainting/Dizziness	Kidney disease	Respiratory problem
Blood clots	Frequent /Painful urination	Learning disability	Rheumatic fever
Bone or joint problems	Frequent colds	Menstrual difficulties	Seasonal allergies
Bronchitis	Frequent cough	Mononucleosis	Sexually transmitted illness
Cancer	Frequent indigestion	Mouth/Tooth/Gum problem	Shortness of breath
Chest pain	Frequent/Severe headaches	Murmur/palpitations	Sickle cell anemia
Color blindness	Gallbladder disease	Pneumonia	Skin disease
Corrective lenses	Hearing aid	Pregnancy (If pregnant	Sleeping problem
Coughing up blood	Hearing or vision deficits	during program, you will	Tuberculosis
Depression	Heart attack	need to obtain a pregnancy	Tumor/Growth/Cyst
Diabetes/thyroid/adrenal disorder	Heart disease	release form for you & your	Varicose veins
Digestive problem	Hepatitis	physician to sign.)	
Ear/nose/throat/sinus problem	High/Low blood pressure		

If you circled any of the above please explain: _____

Describe any serious illness, injury or surgery: _____

List any current medications: _____

Allergies (Food/Drug/Environmental) _____

I understand that all information is strictly confidential. I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information or failure to disclose any requested information will constitute grounds for dismissal from the nursing program. I agree to notify NWCC Division of Nursing of any change in my physical or mental health prior to my registration and while I am a student in the ADN nursing program. I understand that I may be exposed to patient's bodily fluids and other hazardous material in the clinical setting. I can tolerate physically taxing workloads and function effectively under stress. I feel that I possess the emotional well-being required for the full use of intellectual abilities; the exercise of sound judgment, the prompt completion of all responsibilities attendant to the care of patients, the development of mature, sensitive, and effective relationships with clients, peers, and staff. I understand that I will be required to administer narcotics safely. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them. I give my permission for release of all medical information related to this health form.

_____ Date

_____ Student Signature

Student Name: _____

*This section is to be completed by a physician or certified nurse practitioner **ONLY**.

HT _____ WT _____ B/P _____ PULSE _____ TEMP _____ RESP _____

HEENT _____

RESP _____ CV _____

GI/GU _____ MUSCULOSKELETAL _____

NEURO _____ LYMPH _____

In your opinion, is the applicant physically and mentally capable of providing safe client care with regard to the following functions? (circle one) YES NO

If NO, please explain:

All nursing applicants and current nursing students must possess the following essential functions:

- Visual acuity with corrective lenses to identify cyanosis, absence of respiratory movement in patients, read very fine, small print on medication, containers, physician orders, monitors and equipment calibrations. Must possess normal night, color and peripheral vision.
- Hearing ability (with auditory aids if necessary) to understand the normal speaking voice without viewing the speaker's face, hear monitor alarms, emergency signals, call bells from clients, and telephone orders; take/hear blood pressure, heart, lung, vascular and abdominal sounds with a stethoscope.
- Physical ability to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients/objects of 35 pounds or less without assistance, and move from room to room or maneuver in limited spaces. Must also be able to transfer and transport patients, sit in one place, kneel, reach and bend.
- Effective communication skills in verbal and written form by speaking clearly and succinctly when explaining treatment procedures, describing patient conditions and implementing health teaching. Write legibly and correctly in patient's chart for legal documentation.
- Manual dexterity to use sterile technique to insert catheters, withdraw blood and prepare medications (IV, PO, IM). Must also be able to perform repetitive hand and wrist motion, grip, squeeze and possess good hand/eye coordination.

DATE

PRINTED NAME OF MD/NP

SIGNATURE OF MD/ NP

PRINTED ADDRESS AND PHONE NUMBER OF MD/NP OR USE STAMP:

