

UPMC Shadyside

School of Nursing

For Office Use Only	
<input type="checkbox"/>	Initial Form
<input type="checkbox"/>	Updated Form
Initials _____	

PRE-ENTRANCE PHYSICAL EXAMINATION FORM

STUDENT'S NAME _____ **DATE** _____

The School of Nursing recognizes that certain fundamental physical and emotional requirements are essential to perform all of the functions of a student nurse and that there are environmental factors inherent to the surroundings 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 up to 44 lbs.			
2. Carrying up to 44 lbs.			
3. Pushing/pulling up to 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.			

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PHYSICAL REQUIREMENTS	CAN PERFORM	CANNOT PERFORM	COMMENTS
12. Climbing.			
13. Squatting.			
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).			

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ENVIRONMENTAL FACTORS	CAN PERFORM	CANNOT PERFORM	COMMENTS
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: _____

Current medications: _____

Allergies: _____

Free of communicable disease? Yes _____ No _____

If no, please explain _____

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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.

Examiner's signature and credentials

Date

Examiner's printed name

Phone Number

Examiner's Address

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TUBERCULIN PPD SKIN TEST

STUDENT'S NAME _____ **DATE** _____

Students are required to receive a 2-step Tuberculin PPD (Mantoux) Skin Test. This test must be performed no more than 3 weeks prior to the date of enrollment.

Step 1

Date planted: _____

Date read: _____

Results: _____

RN/MD Signature _____

Step 2 (2-3 weeks after Step 1)

Date planted: _____

Date read: _____

Results: _____

RN/MD Signature _____

If you have had a prior positive TB test, please submit documentation of prior positive TB test result along with the results of a chest x-ray. The chest x-ray can be no older than 6 months. Students with a prior positive TB skin test and a negative chest x-ray are required to complete a Prior Positive TB Skin Test Surveillance Form annually.

Tuberculin PPD Testing is due yearly.

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VACCINATION VERIFICATION

STUDENT'S NAME _____ **DATE** _____

Students must provide documentation (actual copies of laboratory reports or records) confirming immunity to the following communicable diseases:

Rubella
Rubeola
Varicella
Hepatitis B

Titres must be drawn no more than 90 days prior to the date of enrollment.

If any of the titres are negative, it is recommended that the student receive a vaccination against that communicable disease. Should the student decline to have the vaccination, a declination statement (available by request) must be completed by the student.

Vaccination Guidelines:

Rubella and Rubeola	One step MMR (measles, mumps and rubella) booster
Varicella	One vaccination followed by a second vaccination in 4 – 8 weeks
Hepatitis B	Three step vaccine, given over a six month period

Documentation (actual copies of laboratory reports or records) of the vaccination must be submitted.

Students must provide documentation of a Tetanus vaccination. This vaccination must have been received no more than 10 years prior to the date of enrollment.

Date of last Tetanus vaccination _____

Administering/Verifying Party's Signature _____

PLEASE RETURN TO:

UPMC – SHADYSIDE
School of Nursing
ATTN: Joanne Vukotich
5230 Centre Avenue
Pittsburgh, PA 15232
Fax: (412) 623-4854