

# Kennesaw State University ~ Wellstar School of Nursing

## Physical Exam Requirements

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ KSU ID: \_\_\_\_\_

Examined	Normal	Abnormal	Explanation of abnormality
HEENT			
Thyroid			
Lungs			
Heart			
Chest			
Abdomen			
Extremities			

Date of physical exam: \_\_\_\_\_

*I attest the student is able to participate in patient care, without limitations:*

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider's Name (Print): \_\_\_\_\_

Health Care Provider's NPI Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_