



**Western Governors University Compliance Form
Physical Examination**

As part of your program you must have a licensed MD, ND, DO, ARNP, or PA complete the form below and document that you physically fulfill the essential job functions of a nursing or allied health professions student

Student Name:				Birth Date:		
Gender:	Male	Female	Nonconforming	Transgender Male	Transgender Female	Decline to Answer
Height:			Weight:			
Vital Signs:		B/P	Pulse	R/R		Temp.
Vision:	OS	OD	OU	Hearing:	Right	Left

SYSTEM	Function WNL		
	Yes	No	Comment
General			
HEENT			
CV			
Pulmonary			
GI			
GU			
Neurological			
Integumentary			
Musculoskeletal			
Immune System			
Endocrine			
Mental Health			

FUNCTION Able to work standing, sitting, bending, lifting	Ability to Perform		
	Yes	No	Comment

Possess sound mental health			
Exhibits a disability that would interfere with the cognitive, physical, or sensory ability to function safely in patient care situations			

Health Care Practitioner Declaration I declare I have completed a Physical Examination on this student. I certify that I am a licensed MD, ND, DO, ARNP, or PA licensed in the state of _____.		
X	X	
Licensed Health Care Practitioner Name (Print)	Licensed Health Care Practitioner Signature	Date
• MD • ND • DO • ARNP • PA	Practitioner License #	