

Auburn University Montgomery  
P.O. Box 244023  
Montgomery AL 36124  
Phone (334) 244-3658 or (334) 244-3281  
ANNUAL HEALTH ASSESSMENT

Health assessment must be recorded on this form.

Name Angela Jo Birth date 2/12/98

Weight 103.4 Height 64.2 Allergies ☒

Temp 98.0 Pulse 81 Resp 12 BP 100 / 73

Significant Medical History: Denies

Medications: ☒

Vision: Right <sup>20</sup>/<sub>30</sub> Left <sup>20</sup>/<sub>35</sub> Corrected: Right \_\_\_\_\_ Left \_\_\_\_\_

|                   | Normal                              | Abnormal Findings   |
|-------------------|-------------------------------------|---------------------|
| Skin:             | <input checked="" type="checkbox"/> |                     |
| Eyes:             | <input checked="" type="checkbox"/> |                     |
| Ears:             | <input checked="" type="checkbox"/> | Hearing: <u>WNL</u> |
| Nose:             | <input checked="" type="checkbox"/> |                     |
| Throat:           | <input checked="" type="checkbox"/> |                     |
| Lungs:            | <input checked="" type="checkbox"/> |                     |
| Heart:            | <input checked="" type="checkbox"/> |                     |
| Abdomen:          | <input checked="" type="checkbox"/> |                     |
| Musculo-Skeletal: | <input checked="" type="checkbox"/> |                     |
| Neuro:            | <input checked="" type="checkbox"/> |                     |

**NOTE:** Students must possess the functional ability to perform the skills and demonstrate the behaviors required of a professional nurse. These abilities include but are not limited to (a) adequate vision, such as that required to observe changes in physical conditions, to read small print on labels and reports, and to discern subtle changes in color; (b) adequate hearing, such as that required to distinguish muted sounds through a stethoscope; (c) fine motor skills and manual dexterity, such as required to handle small, delicate equipment; (d) strength to turn and assist with lifting adults, and to lift and carry children; (e) the mobility to perform skills and respond quickly in emergency situations; (f) the ability to communicate and interact effectively with others, verbally and in writing; and (g) the ability to detect odors.

\*\*\*Are there any conditions, concerns, or treatments that may affect the ability of this student to meet the program requirements? ( ) YES (X) NO

Health Care Provider's Name (Print): Coral Stewart, RN

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

City, State, Zip Code: \_\_\_\_\_

Phone: (334) 244-3281

6-1-2020

Date of Exam

Coral Stewart, RN  
Health Care Provider's Signature