

**TO THE PHYSICIAN:** This medical information is confidential and remains on file with ESS. This information is used to provide advice regarding programs of study and medical clearance for enrollment. We must have a copy of all results. It is imperative these immunizations be given in the exact order listed. If not this could affect the student being able to attend clinical practice.

Student Name: Amanda L. Reed

PULSE 67 BP 119/80 TEMP 98.5

EYES: Are glasses worn? No ☒ Yes ( ) Ears: Is hearing normal? No ( ) Yes ( ) Is colorblind? No ☒ Yes ( )

NOTE: Wearers of contact lenses should be advised to have a pair of regular glasses for alternate use.

Distant Vision:

Righth20/25 Corrected to 20/20 Left 20/\_\_\_\_ Corrected to 20/\_\_\_\_

|                  |                                                         |                  |                                                         |
|------------------|---------------------------------------------------------|------------------|---------------------------------------------------------|
| Skin             | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Heart            | Normal <input checked="" type="checkbox"/> Abnormal ( ) |
| Head, Face, Neck | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Nose & Sinuses   | Normal <input checked="" type="checkbox"/> Abnormal ( ) |
| Vascular System  | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Abdomen          | Normal <input checked="" type="checkbox"/> Abnormal ( ) |
| Mouth & Throat   | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Teeth            | Normal <input checked="" type="checkbox"/> Abnormal ( ) |
| Lungs & Chest    | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Endocrine System | Normal <input checked="" type="checkbox"/> Abnormal ( ) |
| Neurologic       | Normal <input checked="" type="checkbox"/> Abnormal ( ) | Spine            | Normal <input checked="" type="checkbox"/> Abnormal ( ) |

Are Muscle Strength and Function of Extremities Normal and All Digits Present? No ( ) Yes ☒

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.

PHYSICIAN'S OPTION: Is There or Has There Been Any Physical or Emotional Problem That Is Likely to Interfere with the Student's Adjustment or Activities within THE AUBURN UNIVERSITY SCHOOL OF NURSING? No ( ) Yes ( ) If Yes please explain below:

Please list any regular prescription medication and reason for taking:

Wellbutrin 150mg XL; ASA; metoprolol 25mg  
Symvastatin 20; Adderall 10mg; Depo Provera

Signed: [Signature] Date: 4-14-17  
(Must be signed by MD or NP)

Address: 334 244 3281

City: AUBURN UNIVERSITY MONTGOMERY Zip: 36124-4023  
STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102  
P.O. BOX 244023  
MONTGOMERY, AL 36124-4023