

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 Elaine Cuba Birth date 4/17/2016

Weight 47 in. Height 46 lbs. Allergies NKDA

Temp 97.9 Pulse 90 Resp 16 BP 115 / 69

Significant Medical History: Denies

Medications: Ø

Vision: Right _____ Left _____ Corrected: Right _____ Left _____

	Normal	Abnormal Findings
Skin:	☒	
Eyes:	☒	
Ears:	☒	Hearing: <u>normal</u>
Nose:	☒	
Throat:	☒	
Lungs:	☒	
Heart:	☒	
Abdomen:	☒	
Musculo-Skeletal:	☒	
Neuro:	☒	

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 () NO Medically cleared for summer camp.

Health Care Provider's Name (Print): Lindsey Barton, CNP

Address: _____

City, State, Zip Code: AUBURN UNIVERSITY MONTGOMERY

Phone: 5/24/2022
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

Date of Exam: _____ Health Care Provider's Signature: [Signature]