

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 Lauren Kniezim Birth date 12/5/83

Weight 153 Height 64 Allergies NKDA

Temp 98.2 Pulse 84 Resp 16 BP 126/86

Significant Medical History: ARDS 2017

Medications: NONE

Vision: Right _____ Left _____ Corrected: Right 20/15 Left 20/13

	Normal	Abnormal Findings
Skin:	☒	
Eyes:	☒	
Ears:	☒	Hearing: <u>passed forced whisper test bil.</u>
Nose:	☒	
Throat:	☒	
Lungs:	☒	
Heart:	☒	
Abdomen:	☒	
Musculo-Skeletal:	☒	
Neurological:	☒	

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**

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

Address: 7461 East Dr. Suite 102

City, State, Zip Code: Montgomery, AL 36117

Phone: (334) 244-3281

Date of Exam 5/4/22

Health Care Provider's Signature Linden Barton, CNP