

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

Health assessment must be recorded on this form.

Name Leanna Michele Phillips Birth date March 28, 1969

Weight 254.7 Height 63 in. Allergies PCN

Temp 97.3 Pulse 78 Resp 16 BP 138 / 86

Significant Medical History: Breast CA 2020, GERD,

Medications: Mobic 15mg qd, Pepcid 40mg qd, Spironolactone 50mg qd, Trazodone 100mg qhs, Femara 2.5mg qhs, Tylenol PRN, MVI qd, Calcium qd, Vit D qd, Biotin qd

Skin: WNL Prolia Inj q6 mont

Eyes: WNL 20/50 = Readers 20/20 uncorrected 20/15 both eyes corrected Knee Inj q6 mont

Vision: Right 20/50 Left 20/20 Corrected: Right 20/15 Left 20/15

Ears: WNL Hearing: passed forced whisper bil.

Nose: WNL

Throat: WNL

Lungs: WNL

Heart: WNL

Abdomen: WNL

Musculo-Skeletal: WNL

Neurological: WNL

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 these program requirements? () YES (☒) NO

Health Care Provider's Name (Print): Lindsey Boston, CRNP

Address: 7401 East Dr. Suite 102,

City, State, Zip Code: Montgomery, AL 36117

Phone: (334) 244-3281

4/1/2024
Date of Exam

L. Boston, CRNP
Health Care Provider's Signature