

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

Health assessment must be recorded on this form.

Name Christina Panchal Birth date 12-15-94
Weight 121 Height 5'4" Allergies NKMA
Temp 98' Pulse 71 Resp 12 BP 105/72
Significant Medical History: none
Medications: BCP's
Skin: WNL
Eyes: WNL
Vision: Right 20/20 Left 20/20 Corrected: Right _____ Left _____
Ears: WNL Hearing: _____
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 (X) NO

Health Care Provider's Name (Print): Carol Stewart, CNA
Address: AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
City, State, Zip Code: _____
Phone: (334) 244-3281

11-12-16
Date of Exam

Carol Stewart, CNA
Health Care Provider's Signature