

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 Hayley Guthrie Birth date 12/8/77
Weight 179.3 Height 66 Allergies NKDA
Temp 97.4 Pulse 67 Resp 16 BP 129/84
Significant Medical History: depression
Medications: 20104
Skin: WNL
Eyes: WNL
Vision: Right 20/13 Left 20/13 Corrected: Right _____ Left _____
Ears: WNL Hearing: passed 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 T. Barton, CERP
Address: 7461 East Dr. Suite 102
City, State, Zip Code: Montgomery, AL 36117
Phone: (334) 244-3281

Date of Exam

5/21/24

Health Care Provider's Signature

J. Barton, CERP