

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 Demonte Harris Birth date 06/05/1995

Weight 185.8 Height 69 Allergies NKMA

Temp 97.5 Pulse 76 Resp 14 BP 110 / 78

Significant Medical History: HIV

Medications: Odepsyl 607

Vision: Right 20/25 Left 20/50 Corrected: Right _____ Left _____

	Normal	Abnormal Findings
Skin:	☒	
Eyes:	☒	
Ears:	☒	Hearing: <u>passed forced whisper 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): Lindsey T. Barton, CNP

Address: 7401 EAST DRIVE Suite 102 Montgomery, AL 36117

City, State, Zip Code: _____

Phone: (334) 244-3281

Date of Exam 5/10/2021 Health Care Provider's Signature J. Barton, CNP