

Physical Form – Athletes and Nursing Students **ONLY** (must be completed annually)

Fill out completely and upload to the Student Patient Portal: <https://grandview.medicatconnect.com>. Contact Student Life at 515-263-2800 with questions.

Name _____
Last First MI

Are you: Athlete Nursing student Both

To be completed by a health care provider.

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Resp _____ T _____ °F
 Uncorrected Vision: Right eye _____ Left eye _____ Corrected Vision: Right eye _____ Left eye _____

Physical Examination

- | | |
|---------------------------------------------|---------------------------------------------------|
| 1. Eyes <input type="checkbox"/> Ok _____ | 8. Lungs <input type="checkbox"/> Ok _____ |
| 2. Ears <input type="checkbox"/> Ok _____ | 9. Abdomen <input type="checkbox"/> Ok _____ |
| 3. Nose <input type="checkbox"/> Ok _____ | 10. Extremities <input type="checkbox"/> Ok _____ |
| 4. Throat <input type="checkbox"/> Ok _____ | 11. Spine <input type="checkbox"/> Ok _____ |
| 5. Neck <input type="checkbox"/> Ok _____ | 12. Breast <input type="checkbox"/> Ok _____ |
| 6. Skin <input type="checkbox"/> Ok _____ | 13. Hernia <input type="checkbox"/> Ok _____ |
| 7. Heart <input type="checkbox"/> Ok _____ | 14. Thyroid <input type="checkbox"/> Ok _____ |

Nursing Students: must be constantly able to meet the following demands.

MENTAL/COGNITIVE DEMANDS:

1. The environment may cause high stress levels due to constant interruptions, high volume urgency of issues, and interactions with a wide variety of professionals and personalities.
2. Must be able to work independently and assume responsibility for timely completion of assigned functions.
3. Must be able to follow verbal and written instructions.
4. Ability to learn basic computer skills.

PHYSICAL REQUIREMENTS:

Physical Demands (strength)

1. Department of Labor level III tasks: MEDIUM – Exert up to 50 lbs. of force occasionally, and/or up to 25 lbs. of force frequently, and/or up to 10 lbs. of force constantly. Typically on feet standing or walking a minimum of 6 hours out of an 8 hour day.

Physical Demands (movement)

2. Able to lift, push, pull or carry, in order to move patients and/or items from one position or place to another (either mechanically or with a co-worker).
3. Able to stoop, kneel, crouch, crawl, in order to maneuver around within or about the environment to provide care needed.
4. Able to reach, handle, finger and feel in order to manipulate wide variety of equipment, and some complex equipment, and distinguish characteristics of objects, such as sign, shape, temperature or texture.

Physical Demands (auditory)

5. Able to express or exchange ideas by means of the spoken word in order to convey oral information to patients, physicians, families, visitors and public as well as giving instructions to other works accurately, loudly, or quickly.
6. Able to hear in order to identify various kinds and character of sounds, including the ability to receive detailed information through oral communications, and to make fine discriminations in sounds, such as when listening to lungs and heart sounds.

Physical Demands (taste/smell)

7. Able to smell and distinguish with a degree of accuracy, differences or similarities in intensity or quality of odors, or recognizing particular odors, such as odors indicating infection or other medical completions or emergencies, such as a patient’s call for help.

Physical Demands (vision)

8. Possess visual acuity and clarity at close range to focus and read small print such as identification bands, thermometers.
9. Possess visual acuity and depth perception for distance vision related to moving people and things within and through the environment, and ability to judge distance and spatial relationships.
10. Possess color vision in order to identify and distinguish colors, such as on-site test results.

Nursing students will have additional clinical requirements once admitted to the major.

Status

Cleared for full activity Cleared, with restrictions Not cleared for activity

Comments, restrictions, other medical concerns: (i.e., asthma, diabetes, meds, allergies, etc.) _____

Health Care Provider’s Name (print) _____

Health Care Provider’s Signature _____ Date _____