WEST HILLS COLLEGE COALINGA | Health Careers
300 Cherry Lane ■ Coalinga, CA 93210 ■ 559-934-2760

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Certified Nurse Assistant Health Examination Form

Dear Doctor:
The individual listed below is applying for the Medical Assisting Program. As per California regulations, a physical must be completed prior to entering the program. Please fill out the following form regarding physical health and identify any possible limitations.

Student's Name: _____ Date: _____

Have you had any of the following complaints?

Yes	No	Yes	No	Yes	No	Yes	No
□	□ Headaches	□	□ Blackouts	□	□ Joint pain	□	□ Hay fever/asthma
□	□ Dizziness	□	□ Unconsciousness	□	□ Chronic fatigue	□	□ Shortness of breath
□	□ Frequent colds	□	□ Diarrhea	□	□ Chest pain	□	□ Difficult urination
□	□ Hoarseness	□	□ Nausea/Vomiting	□	□ Palpitations	□	□ Nighttime urination
□	□ Tarry Stools	□	□ Enlarged glands	□	□ Excessive thirst	□	□ Sleeplessness
□	□ Indigestion	□	□ Excessive gas	□	□ Ankle swelling	□	□ Anxiety attacks
□	□ Constipation	□	□ Blood in Stools	□	□ Night sweats	□	□ Yellow jaundice
□	□ Cold feet						

If you answered yes to any of the above conditions, please explain:
_____
_____
_____

How many pillows do you use? _____ What major operations have you had? _____
_____

I grant permission to the below signed physician or representative to release this information to West Hills College:

_____
Student Signature Date

Physical Assessment

EENT _____ Urinary _____
Cardiovascular_____ Muscular _____
Respiratory _____ Skeletal _____
GI _____ Neuro _____
Allergies _____ Medications _____

TB Skin Test

Date of TB skin test _____ Results _____ Date Read _____Read by _____

Physical Requirements - Please check the following tasks the individual is able to perform:

Lift, push or pull objects weighing 50 lbs	□	Stand and walk without difficulty	□
Stand for long periods of time	□	Bend at the waist without difficulty	□
Perform basic range of motion	□	Limitations, if any: _____	

_____ _____
Signature of Physician **Date**