



Colorado State University-Pueblo School of Nursing
Physical Exam
(Must be within 12 months of start date)

Ability to perform the following activities is required of all CSU-Pueblo nursing students and hires:

- **Walking/Standing:** Must be able to walk/stand for extended periods; must be able to negotiate stairs.
- **Lifting/Carrying:** Must be able to lift up to 50 pounds. This includes lifting and carrying medical equipment, charts, supplies, and medications; and lifting, transferring, and moving patients, requesting assistance if necessary.
- **Pushing/Pulling:** Required in positioning and moving patients and medical equipment. Must be able to perform CPR.
- **Stooping/Kneeling/Reaching:** Must be able to twist, bend, stoop, kneel, and reach while performing patient care.
- **Vision:** Must be able to accurately read medication labels and prepare medications; must be able to read written documentation and medical monitors.
- **Depth Perception:** Must be able to recognize that objects have depth, height, and width.
- **Hearing:** Must be able to hear sounds using a stethoscope (may be an amplified stethoscope if necessary).
- **Fine Motor Skills:** Must have the dexterity and coordination to write clearly and precisely, to perform nursing procedures, and to grasp and control medical equipment.
- **Tactile Sensation:** Must be able to feel vibrations, temperature changes, and pulses.

I have obtained a health history and performed a physical examination on the below-named patient. In my estimation, this patient meets the above criteria and has no physical limitations that would inhibit her/his ability to participate fully in clinical activities in a health care or classroom setting. Any exceptions are described in a separate attachment.

Examining Health Care Provider's Signature: _____

Examining Health Care Provider's Printed Name: _____

Date of Exam: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Program Applicant or New Hire:

Name (please print legibly): _____ PID: _____

I give permission for information contained within this form to be shared with Colorado State University-Pueblo.

Signature: _____ Date: _____