

Example of Physical Examination Documentation

VALIDATION OF PHYSICAL EXAMINATION

Date: 1/23/14

I certify that I am a licensed physician or nurse practitioner and I have performed a health history and a physical examination on _____, a BSN nursing student at Valdosta State University College of Nursing.

The above name individual has received updated immunizations, has been screened for communicable and infectious diseases. I certify there are no physical limitations that would hinder this person's ability to perform the required nursing tasks identified on the reverse side of this form. Specific health information will be provided as needed to clinical agencies with which the student is affiliating, contingent upon written permission from this individual.

Debbie Reagen *APNBC*
Name of the Examiner

Credentials

Address of Practice