

**GEORGIA SOUTHERN UNIVERSITY SCHOOL OF NURSING
BSN Program Admission Physical Examination Form**

Student Name _____ Eagle ID # _____

DATE:		PHYSICAL EXAM									
BP _____		P _____			HT _____			WT _____			
Normal	Yes	No	Normal	Yes	No	Normal	Yes	No	Normal	Yes	No
SKIN			LUNGS			MUSCULO-SKELETAL:			NEUROLOGIC:		
EENT			HEART			MUSCLE STRENGTH			MENTAL STATUS		
MOUTH			BREASTS			GAIT			SPEECH		
THYROID			ABDOMEN			EXTREMITIES			MOTOR		
CHEST			GENITALIA			SPINE			SENSORY		
ABNORMAL/ SIGNIFICANT FINDINGS:											
Visual Acuity: (Required) Snellen__ Titmus__						Hearing Screening: (Required) Audiogram__					
L _____		R _____				L _____		R _____			
With Correction:						With Correction:					
L _____		R _____				L _____		R _____			
Examiner=s Signature						Title			Date		

Print or type name and address of health care provider:

Examiner=s name _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

Department of Nursing Reviewer _____
Date _____ Recommendation _____