



Western Governors University Compliance Form
Physical Examination

As part of your program, you must have a licensed MD, ND, DO, ARNP, or PA complete the form below and document that you can physically fulfill the essential job functions of a nursing or allied health professions student.

Student Name:					Birth Date:		
Gender:	Male	Female	Nonconforming	Transgender Male	Transgender Female	Decline to Answer	
Height:				Weight:			
Vital Signs:		B/P	Pulse	R/R		Temp.	
Vision:	OS	OD	OU	Hearing:	Right	Left	

SYSTEM	Function WNL		
	Yes	No	Comment
General			
HEENT			
CV			
Pulmonary			
GI			
GU			
Neurological			
Integumentary			
Musculoskeletal			
Immune System			
Endocrine			
Mental Health			

FUNCTION	Ability to Perform		
	Yes	No	Comment
Able to work standing, sitting, bending, lifting			
Able to use all physical senses			
Able to perform fine motor skills			
Able to coordinate physical and mental activities to perform tasks or skills safely			
Able to verbally communicate in English			
Possess sound mental health			
Exhibits a disability that would interfere with the cognitive, physical, or sensate ability to function safely in patient care situations			

Health Care Practitioner Declaration I declare I have completed a Physical Examination on this student. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in the state of _____.		
X	X	
Licensed Health Care Practitioner Name (Print)	Licensed Health Care Practitioner Signature	Date
<input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA	Practitioner License #	