TCAT Upper Cumberland @ Livingston
P.O. Box 219 / 740 Hi -Tech Drive / Livingston, TN 38570 / 931-823-5525 Fax 931-823-7484

PREADMISSION PHYSICAL EXAMINATION for PRACTICAL NURSING PROGRAM

This page is to be completed by the applicant

Name: _____
Last First Middle (Maiden)

Address: _____
Street/PO Box City State Zip e-mail address

Phone: _____/_____
Home Cell Emergency phone number & Name-Relationship to applicant

Date of Birth: _____ Last 4 digits of SSN: _____

MEDICAL HISTORY / DO YOU HAVE OR HAD ANY OF THE FOLLOWING? (Please check all that apply)

_____Asthma
_____Back Injury
_____Broken Bones (Fractures)
_____Cancer
_____Chest Pain
_____Chronic Cough
_____Chronic Back Pain
_____Diabetes
_____Eye or Vision Problems
_____Epilepsy or Seizures
_____Fainting Spells
_____Hearing Problem
_____Heart Trouble /Murmur
_____Head Injury
_____Hepatitis
_____High Blood Pressure
_____Jaundice
_____Kidney Disease
_____Migraine
_____Rheumatic Fever
_____Rupture/Hernia
_____Skin Problems
_____Sinus Trouble
_____Thyroid Disorder
_____Tuberculosis

If you checked any of the above, please explain briefly: _____

_____

If you have any allergies, please list: _____

List any additional illnesses, operations or injuries and give dates of treatments: _____

_____

Medical History (continued)

At present are you taking any medications or receiving any medical treatment? If so, explain._____

_____

Have you ever had any treatment for a drug or alcohol problem? If so, explain:_____

_____

Have you ever had emotional problems? If so list treatment received: _____

_____

Do you have any physical limitations that would prevent you from lifting, standing or bending? If so, explain: _____

_____

I have completed the above information and declare that I have had no injury, illness, or ailment other than as specifically herein noted. Any falsification or misrepresentation will be sufficient grounds for my release from the program.

Applicant's Signature_____ **Date**_____

Revised May 2014

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PREADMISSION PHYSICAL EXAMINATION

This section to be completed by: Physician, Physician's Assistant, or Certified Nurse Practitioner

Applicant name: _____

_____B/P

_____Pulse

_____Temperature

_____Respirations

_____Heart

_____Lungs

_____EENT

_____Hearing

_____GI

_____GU

_____Neurological Status

_____Musculoskeletal

(**Applicant must be able to bend, stoop, lift and transfer residents**)

_____Weight

Please comment on any abnormal or significant findings or if follow up is suggested:

_____

_____

_____

Do you consider this applicant to be mentally/physically capable to handle a position in nursing based on their physical exam results?

_____Yes _____No Comments: _____

_____

_____

_____ _____

Physician / Practitioner Signature & Title **Date**

Business Address: _____ Phone: _____

_____

_____

Licensed medical office personnel should complete the following page

TCAT UC @ Livingston Practical Nursing Department

(**Admission Immunization Proof**)

This section is to be completed by Licensed Medical Office Personnel and signed at the bottom of the page

APPLICANT NAME: _____

Tetanus: (Needed every 10 years)

Date of most recent injection: _____

Tdap should replace a single dose of Td for adults aged 19 through 64 years who have not received a dose of Tdap previously

Hepatitis B Vaccine

(Proof of immunity may be documented in one of the following ways)

- Documentation of **3 doses of hepatitis B vaccine**
  - 1st dose date of vaccination: _____
  - 2nd dose date of vaccination: _____
  - 3rd dose date of vaccination: _____

or

- Blood test (**serology) showing immunity to hepatitis B** virus (or infection), proof must be provided

Tuberculin Skin Test: Date: _____ (If student has current skin test within one-year) It is **recommended** that students who do not have a current TB skin test (within one-year) wait until the first month of enrollment for testing. That way they will be covered the duration of the program.

*_____

Licensed Personnel Signature **Title** **Date**

***Licensed Medical Personnel reviewing document** Revised November 2025