

Student's Name: _____

UH ID#: _____

Program: _____

UNIVERSITY OF HAWAI'I • KAPI'OLANI COMMUNITY COLLEGE

Nursing Department

Physical Examination Clearance

This is to confirm that _____
Student's Name

enrolled in the _____ Program
(A.S. Degree in Nursing, LPN-RN Transition, Practical Nursing, Nurse Aide, Surgical Tech, etc.)

had a physical examination done on _____ date and meets the essential performance requirements indicated below within the chart titled "Technical Standards for the Department of Nursing Program."

Name of agency

Signature & Title of Examining Physician/Practitioner

Date

Print Name & Title

Technical Standards for the Department of Nursing Program

Table with 3 columns: Issue, Standard, Examples. Rows include Hearing, Mobility, Motor Skills (fine & gross), Tactile, and Visual.

*This clearance is only valid for 6 months prior to the start of any Program. If you re-enter a program or if there is a change in your health/physical status, you are required to submit a new Physical Examination Clearance form for medical clearance. Changes in health status includes: pregnancy, exposure/testing for any communicable disease or illness and/or surgery or any illness that may affect student's health. Nursing students must submit documentation from a healthcare provider stating they are fit for duty & may return-to-clinical duties. Note should state if there are any restrictions.