Lincoln Land Community College

NURSING ASSISTANT PHYSICAL EXAMINATION

Questions about how to complete this form?

Call 217-786-2447 or 800-727-4161.

www.llcc.edu/basic-nurse-assistant-cna

This form must be returned directly to the instructor by week two of the CNA course.

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	MAIDEN NAME

ADDRESS

CITY	STATE	ZIP

Physician to Complete

PAST HISTORY

GENERAL CONDITION

AGE	WEIGHT	HEIGHT	PULSE	RESP.
BLOOD PRESSURE	HEAD AND NECK	EYES	MOUTH	CHEST/LUNGS
HEART/CARDIOVASCULAR	ABDOMEN	GENITOURINARY	SKIN	BONES AND JOINTS
GLANDULAR	NEUROMUSCULAR	MENTAL ALERTNESS		

COMMENTS

Pregnant students are encouraged to consult with LLCC Accessibility Services (217-786-2599).

I certify the above-named person to be free from communicable, contagious and/or infectious disease and also to be physically and mentally able to perform the physical activities required of a nursing assistant and to have no restrictions on lifting a minimum of 50 pounds unassisted.

PHYSICIAN SIGNATURE **(REQUIRED)**	DATE

PRINTED NAME OF PHYSICIAN

HOSPITAL/CLINIC NAME OF VERIFYING PHYSICIAN

ADDRESS

CITY	STATE	ZIP	PHONE NUMBER

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