

# BSN PRE-LICENSURE NURSING HEALTHCARE PROVIDER'S REPORT

## (FORM F)

Physician/NP: We rely heavily on your history with and examination of this nursing student. We appreciate as much information as possible on history and physical examination. Thank you very much.

Student: *Submit completed form to Project Concert.*

Name \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

Blood Pressure (1) \_\_\_\_\_ (2) \_\_\_\_\_ Pulse \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Vision (without glasses): Right \_\_\_\_\_ Left \_\_\_\_\_ (with glasses) Right \_\_\_\_\_ Left \_\_\_\_\_

Allergies \_\_\_\_\_

**Clinical Exam: Check each item in appropriate column. Elaborate as needed.**

Normal Abnormal

\_\_\_\_\_ H.E.E.N.T. \_\_\_\_\_

\_\_\_\_\_ Pupil Size \_\_\_\_\_

\_\_\_\_\_ Skin \_\_\_\_\_

\_\_\_\_\_ Heart \_\_\_\_\_

\_\_\_\_\_ Lungs \_\_\_\_\_

\_\_\_\_\_ Abdomen \_\_\_\_\_

\_\_\_\_\_ Hernia and Genitalia (males) \_\_\_\_\_

\_\_\_\_\_ Neurological \_\_\_\_\_

\_\_\_\_\_ Spinal Column (scoliosis, etc.) \_\_\_\_\_

\_\_\_\_\_ Upper Extremities \_\_\_\_\_

\_\_\_\_\_ Lower Extremities \_\_\_\_\_

**Present Health Problems:**

**Comments/Recommendations:**

**Restrictions:**

**Required for all Nursing Students:** Rubella Screen \_\_\_\_\_ Mumps Screen \_\_\_\_\_  
(May attach records/reports) Results (+/-) and Date Results (+/-) and Date

Rubella Screen \_\_\_\_\_ Varicella Screen \_\_\_\_\_ Tetanus shot date \_\_\_\_\_  
Results (+/-) and Date Results (+/-) and Date

TB PPD (1) \_\_\_\_\_ TB PPD (2) \_\_\_\_\_ (OR) CXR (OR) QuantiFERON®-TB Gold \_\_\_\_\_  
Date Read and Result Date Read and Result Result and Date

Flu Vaccine \_\_\_\_\_ Hepatitis B Vaccine series or Titers \_\_\_\_\_  
Date Results (+/-) and Date

COVID Vaccine \_\_\_\_\_  
Date

☐ Yes ☐ No \_\_\_\_\_ is physically and mentally able to perform duties  
Student Name of a nursing student.

**Provider's Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Provider's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider's Name (print)** \_\_\_\_\_