## LAMAR UNIVERSITY COLLEGE OF ARTS AND SCIENCES JOANNE GAY DISHMAN SCHOOL OF NURSING

## **HEALTH STATEMENT FORM**

		DOB
	f the program of study in	rsing must be in a state of health that will allow a a manner that will not jeopardize the health or termining this requirement.
<ul> <li>INSTRUCTIONS:</li> <li>Have a Health Care Provider complete to University Student Health Center will be</li> <li>Instructions on Health Statement Form some Retain a copy of the completed form for</li> </ul>	<u>accepted</u> . submission to Sentry MD	or the Physical Exam completed at the Lamar  will be sent in the coming weeks.
If the results are outside normal limits the stud Nursing Studies regarding any implications th		
VISION: RIGHT vision (corrected)	LEFT vision	(corrected)
<b>HEARING:</b> Hearing Deficit RIGHT: □ No □ Yes	Hearing Defi	cit LEFT: □ No □ Yes
LIFTING: Ability to lift 50 pounds and turn heavy of the second of the s		
LIMITATIONS:  Are there any practicum situations, because assigned to: o No o Yes If yes, ple		
CHRONIC CONDITIONS:  Does this individual have any chronic he	ealth problems: □ No	□ Yes If yes, please explain
If yes, are these problems under approp	oriate medical supervisio	on?
Please indicate any specific health cond ☐ None ☐ Condition:		nursing program need to be aware of.
Please explain:		
Signature:	Date:	
Printed Name:	Title:	
Phone Number:	Г	Place Provider's Stamp Here
Name of Clinic:		race Frontaer s stamp from
Address:		
City, State, ZIP:		