

## Student Physical Examination Summary

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Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_

PUC ID#: \_\_\_\_\_

**To be returned to:** Purdue University Calumet  
School of Nursing  
2200 169<sup>th</sup> Street  
Hammond, IN 46323-2094  
(219) 989-2814

\_\_\_\_\_ A. Physically able to perform essential functions: of nursing, based on medical examination. Based on clinical data and testing, this individual is free from infectious disease, including tuberculosis.  
Not tested for HIV or all sexually transmitted diseases.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ B. No Decision. Waiting for additional data.

\_\_\_\_\_ C. Physically able to perform essential functions: of nursing, based on medical examination, with the following recommended accommodations:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ D. Physically able to perform essential functions: of nursing, based on medical examination. Based upon a high probability of substantial harm, this individual would pose a direct threat to self or others.

**Signature for above documentation:**

\_\_\_\_\_  
Health Care Professional's Signature Date

\_\_\_\_\_  
Print Name Phone Number

\_\_\_\_\_  
Address

**Signature of verification:**

I confirm that to the best of my knowledge the information recorded above is correct and that the health care professional whose signature appears is qualified to provide these assurances.

\_\_\_\_\_  
Student Signature Date