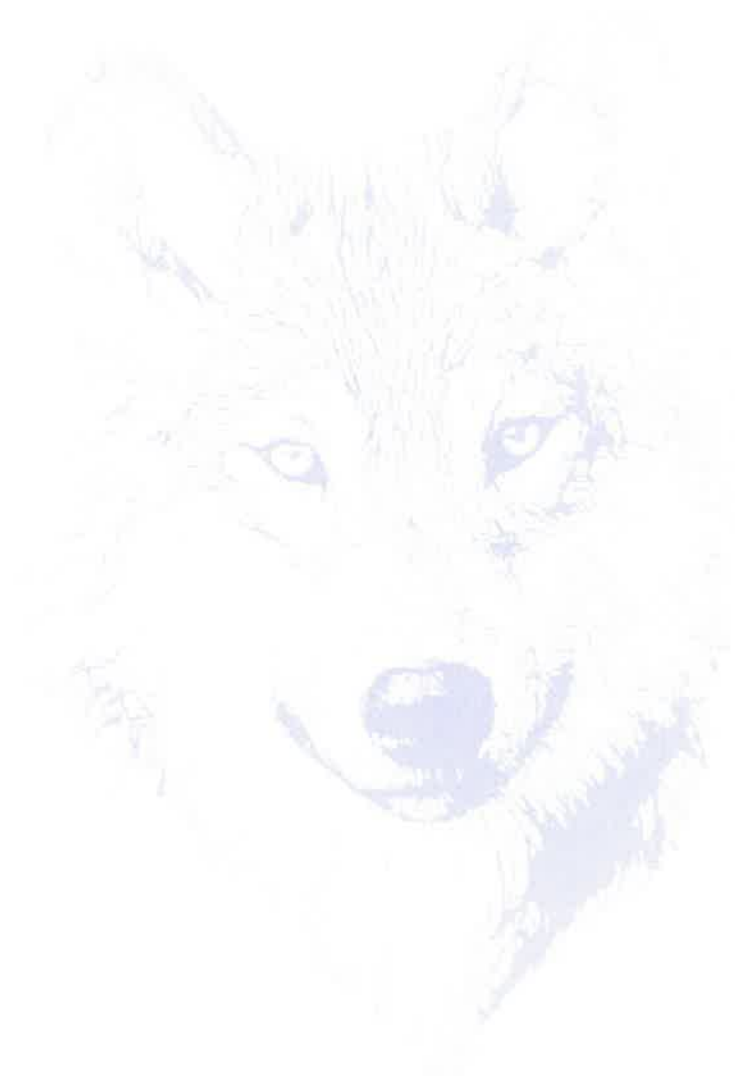


**W  LFPACK  
NURSING**



**Application Packet**

Bedford School of Practical Nursing Program



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## Letter from the Director

So, you want to be a nurse? Let me tell you a little about our goals: the Why, the How, and the What of BSTC Nursing.

Why? Our Goals, Expectations, and the Filter through which we see everything:

- To find highly motivated individuals who want to be part of a highly dynamic, winning team
- To prepare you to be a GREAT (not good) LPN
- To pass NCLEX boards the first time

How and What? The hurdles you have to jump to move toward becoming an LPN:

- Pass the TEAS test
- Rigorous academics
  - Class-lecture: prep with homework before coming to class
  - Independent study: books, computer-based learning, and case studies
  - Interdependent groups study together
  - Clinical learning experiences
  - Various other creative ways for “active learning”
- NCLEX prep course- combination of group and independent study for the state board exam to obtain your license

For us here at BSTC,

Nursing is not just a Career, it's a **Calling**  
Nursing is not just a Job, it's a **Journey**  
Nursing is not just a Pathway, it's a **Purpose**

**What's your WHY?** Do you want to be a nurse? What are your goals, your plans, your expectations? What price are you willing to pay? Will you join us to serve our community as a GREAT nurse?



## An Overview of the Practical Nursing (PN) Program

Bedford County School of Practical Nursing is a program celebrating 54 years in the Bedford community. The Bedford County Public School (BCPS) system's program is sponsored by Bedford Science and Technology Center and its Governor's Health Science Academy. It is an eighteen month program which follows BCPS system's academic school year calendar. The program is approved by the Virginia Department of Health Professions Board of Nursing and the Division of Career and Technical Education with the Virginia Department of Education. As a public school based program, Bedford School of Practical Nursing does not currently hold accreditation with Accreditation Commission for Education in Nursing (ACEN). **The program priority is providing Practical Nursing courses to Bedford County High School Students. Once all qualified BCPS high schoolers are placed, the program is opened to qualified adult residents of Bedford County. If seats remain, the committee may admit students from outside Bedford County.** Please see pg 8-9 for tuition details for each group. Previous experience in the field of healthcare (CNA, EMT, PCA, RMA, CMA) is encouraged but not required.

## Practical Nursing Program Objectives

The curriculum objectives are designed to provide instruction consistent with the law governing the practice of nursing. The curriculum is designed to facilitate each student in developing ability to:

- Understand the concepts of anatomy and physiology in the provision of client care.
- Assist clients in attaining and maintain physical and mental health throughout the life span in a variety of clinical settings.
- Perform nursing procedures skillfully using application of essential concepts and principles.
- Recognize and apply the concepts of the nursing process using critical thinking to determine when nursing intervention is required as well as recognition of alterations in client condition.
- Develop decision making skills using the nursing process to prioritize, implement and delegate appropriate client care.
- Provide client care to encompass each client's cultural and ethnic beliefs.
- Provide client care within legal parameters related to patient rights, professional responsibility, and delegation to assistive or unlicensed personnel.
- Function within an interdisciplinary team using professional communication techniques and effective conflict resolution.
- Carry out effective client education regarding the prevention of illness and management of existing illness for individuals, families and specific groups.
- Recognize child and elder abuse. Report suspected abuse situations to appropriate community agencies.
- Acquire the knowledge to successfully prepare for and pass the NCLEX-PN.

## Student Achievement Outcomes

<b>NCLEX-PN Pass Rate</b>	<b>Program Completion Rate</b>
---------------------------	--------------------------------

<p style="text-align: center;">Class of 2018 <b>86.67%</b> (12 graduates, 100% pass rate for graduating class)</p>	<p style="text-align: center;">Class of 2018 <b>57%</b> (21 students admitted, 12 students graduated)</p>
<p style="text-align: center;">Class of 2019 <b>NCLEX-PN scores pending</b> (8 graduates...)</p>	<p style="text-align: center;">Class of 2019 <b>30%</b> 24 students admitted, 8 students graduated)</p>

## PN Program Curriculum

Year One- Monday through Friday, 1PM-3PM, 6:45AM-3PM Wednesdays in April and May

Anatomy and Physiology of the Human Body

Personal and Vocational Relationships

Communication and the Nursing Process

Nursing Arts

Cultural Concepts and Human Development

Nutrition

Geriatric Nursing

Year Two- Monday, Wednesday, and Friday, 8AM-3PM, Tuesdays and Thursdays 6:45-3PM

Pharmacology and Administration of Medications

Introduction to Medical Surgical Nursing

Mental Health Nursing

Medical Surgical Nursing 1 and 2

Obstetrics Nursing

Pediatric Nursing

Leadership in Nursing

## Checklist of Admission Requirements- Phase ONE

The following requirements MUST be met **completely** in order to move forward in the application process. **Bring (or mail) all of these things at one time to BSTC** from August 5, 2019 to November 22, 2019. No applications will be accepted after November 22, 2019.

- Completed Application (attached) with THIS CHECKLIST on top.
- 3 references mailed to: 600 Edmund Street, Bedford, VA 24523 (forms attached)
- Proof of High School Education one of the following:
  - High School Student in good academic standing OR
  - High School Transcripts OR
  - Official evidence of GED score
- Proof of US Citizenship or legal immigration status and Bedford County residency:
  - Government issued ID/immigration documents OR
  - Official mail of some kind to your name at a Bedford Co. address
- Signed Agreement of essential functional abilities (attached)
- Payment of \$75.00 non refundable application fee by check or money order (to BSTC)
- Completed Physical form signed by a physician, PA, or NP (attached)
- Documentation of Vaccinations:
  - Hepatitis B (3 vaccinations or a titer level proving immunity)
  - MMR (2 vaccinations or titers proving immunity)
  - Varicella (2 vaccinations or titers proving immunity)
- Director Interview- you will be contacted for an interview with the program director

## Checklist of Requirements- Phase TWO

Once the completed application packet has been approved, you will move to the second phase. You will receive a sign-up link for a computer-based test called the ATI TEAS test. It's important that you prepare for this test! Google "ATI TEAS." There are several free resources as well as books and test prep for purchase options.

- Take the TEAS test! Show up on time for your TEAS test appointment. TEAS testing will be offered at BSTC during the first half of December. Bring the following:
  - Official ID (high school student ID will be provided by the guidance office)
  - 2 non-mechanical pencils
  
- Test score: the application committee will establish a minimum required score. You will have to meet that score requirement to move on in the application process. You will be notified of your score on or after January 15, 2020
  
- If you are offered a seat in the program, you must accept or decline by February 1, 2020. Your seat in the program is not finalized until:
  - \$100 program fee, which pays for
    - Virginia State Police Criminal Background Check
    - Urine Drug Screen (done at a later date)
    - American Heart Association Basic Life Support Certification (we teach here)
  
  - You will be sent a link with dates for your Criminal Background Check. Bring:
    - Photo ID
    - Social Security number
  
- Your acceptance into the program will be final after your Criminal Background Check results have returned with no barrier crimes.
  
- You will be contacted with a date and time for student orientation.

## Checklist of Requirements- Phase THREE

This is the final phase of the application process. Your seat in the program is not guaranteed until all of these requirements are met. \*You will receive the forms in the orientation meeting.

- Attend student orientation
- Return signed Agreement of Understanding and Receipt of Student Handbook forms
- Return signed Parent Consent Form (only required for students under 18)
- Write briefly here your plan for paying tuition

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- First tuition payment due Friday, May 29, 2020.

ALSO:

Textbooks need to be purchased for the first day of school. An estimated cost breakdown is attached. You will receive the finalized list of textbooks in the orientation meeting.



## Program Cost Sheet

<b>Bedford School of Practical Nursing</b> <b>Current Program Costs</b> <b><i>Estimated</i></b>	
<b>PN I</b>	<b>PN II</b>
<b>Payment to school</b>	<b>Payment to school</b>
<b>Tuition:</b> <ul style="list-style-type: none"> <li>● In County:               <b>\$1,000.00</b></li> <li>● Out of County       <b>\$ 1,580.00</b></li> <li>● High School Seniors   <b>\$0</b></li> </ul>	<b>Tuition:</b> <ul style="list-style-type: none"> <li>● In County               <b>\$</b>                                   <b>2,000.00</b></li> <li>● Out of County       <b>\$</b>                                   <b>3,160.00</b></li> </ul>
<b>ATI Testing/Tutorial Computer program</b> <ul style="list-style-type: none"> <li>● <b>\$700</b> estimate for 2020/21</li> </ul>	<b>ATI Testing/Tutorial Computer program</b> <ul style="list-style-type: none"> <li>● <b>\$700</b> estimate for 2020/21:</li> </ul>
<b>Criminal Background Check for High School minors: (completed end of PN 1-as 18)</b> <b>Drug Screen</b> <b>American Heart Association BLS</b> <ul style="list-style-type: none"> <li>● <b>\$100 fee (covers all three)</b></li> </ul>	<b>Graduation Fee:</b> <ul style="list-style-type: none"> <li>● <b>\$ 200.00</b></li> </ul>
<b>Additional Costs to Student</b>	

<p><b>Books: Estimated \$200.00-\$250.00</b></p>	<ul style="list-style-type: none"> <li>● <b>Books: Estimated \$400.00-\$500.00</b></li> </ul>
<p><b>Uniforms: estimated \$150 and up according to size and amount (minimum of 2 sets)</b> Due March 1</p>	<p>Influenza vaccine required for clinical Due November 1</p>
<p><b>Physical Examination</b> by your PCP and completed <b>immunization</b> record per school and clinical site policy <b>TB test</b> due March</p>	<p><b>NCLEX Examination</b> (End of last Semester)</p> <ul style="list-style-type: none"> <li>● Board Licensure <b>\$200.00</b></li> <li>● FieldPrint <b>\$50.00</b> (current Quote)</li> <li>● NCLEX/Pearson <b>\$200.00-\$250.00</b></li> </ul>

Revised: March 4, 2019

## **BEDFORD SCHOOL OF NURSING APPLICATION FOR ADMISSION**

The Bedford County School Board does not discriminate on the basis of race, color, national origin, sex, age, or handicap in its programs, activities, or employment practices as required by the Title VI, Title IX, and Section 504.

Instructions: please print or type to complete the following pages. Include with your checklist and the other required forms and documents.

## Bedford School of Nursing Program Application

### APPLICANT INFORMATION

Last Name:	First Name:	MI/Maiden:	Date:
Date of Birth:	SSN:	Student ID#:	
Current Street Address:			Apt. #:
City:	State:	ZIP Code:	
Current Mailing Address (if different from above):			
Student E-Mail Address:	Phone: (H)	(C)	(W)
Have you ever applied to this program before?		If yes, when?	

### EDUCATION INFORMATION

High School:		
Address:		
Dates attended: From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma Type:	GED #:	
College:		
Address:		
Dates attended: From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma Type:		
College:		
Address:		
Dates attended: From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma Type:		

**IN YOUR OWN WORDS, BRIEFLY STATE WHY YOU ARE INTERESTED IN NURSING AND WHY YOU FEEL YOU SHOULD BE ADMITTED TO THIS PROGRAM? (Attach an extra sheet if needed)**

**PRESENT EMPLOYMENT**

Employer:	
Address:	Phone:
Job Title:	Supervisor:
Responsibilities:	May we contact your employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Weekly Work Schedule:	
Do you plan on working while enrolled in the Practical Nursing Program: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If so, Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	

**PREVIOUS OCCUPATIONAL EXPERIENCE**

Employer:	
Job Title:	From: To:
Employer:	
Job Title:	From: To:
Employer:	
Job Title:	From: To:

**ADDITIONAL CRITERIA**

Have you ever had any action taken against you or been denied a certification of a license in a health-related field?  
 Yes:  No:  If yes, please explain:

**The following information is required by the laws of the Commonwealth of Virginia:**  
 Have you ever been convicted, pled guilty to, or pled no contest to the violation of any federal, state, or local law which constituted a felony or misdemeanor, excluding traffic violations, but including driving while intoxicated?  
 Yes:  No:  If yes, please explain:

Is there any reason that could potentially prohibit you from practicing nursing in a safe manner (illness or use of alcohol, drugs, narcotics, and/or other chemical substances)?  
 Yes:  No:  If yes, please explain:

**VOLUNTARY INFORMATION**

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering your application to the Nursing Program*

Racial/Ethnic Group:	Date of Birth:
Gender:	Marital Status:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in the Nursing program, I understand that false or misleading information in my application or interview may result in automatic withdrawal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Applicant Reference (1 of 3)

Bedford School of Practical Nursing

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider the chief strength of the applicant? \_\_\_\_\_

\_\_\_\_\_

What do you consider a weakness of the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment on the following characteristics of the applicant:

Attitude \_\_\_\_\_

\_\_\_\_\_

Character \_\_\_\_\_

\_\_\_\_\_

Ability to work with others \_\_\_\_\_

\_\_\_\_\_

Dependability \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

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Please indicate whether you endorse this applicant as a suitable candidate for the Bedford County School of Practical Nursing.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:  
Bedford School of Nursing  
% Bedford Science and Technology Center  
600 Edmund St.  
Bedford, VA 24523

Fax: 540-586-7711

Deadline: November 1, 2019

## Student Applicant Reference (2 of 3)

Bedford School of Practical Nursing

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider the chief strength of the applicant? \_\_\_\_\_

\_\_\_\_\_

What do you consider a weakness of the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment on the following characteristics of the applicant:

Attitude \_\_\_\_\_

\_\_\_\_\_

Character \_\_\_\_\_

\_\_\_\_\_

Ability to work with others \_\_\_\_\_

\_\_\_\_\_

Dependability \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_



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Please indicate whether you endorse this applicant as a suitable candidate for the Bedford County School of Practical Nursing.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:  
Bedford School of Nursing  
% Bedford Science and Technology Center  
600 Edmund St.  
Bedford, VA 24523

Fax: 540-586-7711

Deadline: November 1, 2019

## Student Applicant Reference (3 of 3)

Bedford School of Practical Nursing

Name of Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider the chief strength of the applicant? \_\_\_\_\_

\_\_\_\_\_

What do you consider a weakness of the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment on the following characteristics of the applicant:

Attitude \_\_\_\_\_

\_\_\_\_\_

Character \_\_\_\_\_

\_\_\_\_\_

Ability to work with others \_\_\_\_\_

\_\_\_\_\_

Dependability \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

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Please indicate whether you endorse this applicant as a suitable candidate for the Bedford County School of Practical Nursing.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:  
Bedford School of Nursing  
% Bedford Science and Technology Center  
600 Edmund St.  
Bedford, VA 24523

Fax: 540-586-7711

Deadline: November 1, 2019

## Essential Functional Abilities

Nurses and nursing students must learn to provide safe and effective care for all clients (patients). The Bedford County School of Practical Nursing emphasizes safe nursing practice throughout all program activities. Activities include practice of nursing skills in a laboratory setting as well as later practice in clinical settings after students have demonstrated the necessary prerequisite skills. It is essential that all students comply with all standards for safe care as required by professional standards in nursing as well as by partner clinical sites. Students who practice in an unsafe manner in any way may be a hazard to themselves, peers, other practicing healthcare providers, and clients.

The Bedford County School of Practical Nursing, as a component of Bedford County Public Schools, is committed to promoting a safe learning environment on and off its physical campus including but not limited to all clinical sites. This means that all students must be capable of completing nursing skills safely while adhering to the Bedford County Public Schools Code of Student Conduct as well as workplace behavior policies associated with clinical sites. Additionally, students must comply with all behavioral expectations of the practical nursing program enumerated below. Therefore, all students must be physically, emotionally, and cognitively capable of safely performing the essential functions of his or her role.

Qualified applicants are admitted and permitted to progress without discrimination with regard to race, color, national origin or ancestry, gender, religion, veteran status, or disability. The Bedford County School of Practical Nursing is committed to ensuring that otherwise qualified students with disabilities are given equal access through reasonable accommodations and services.

The following attributes are considered essential for all nursing students.

### Auditory

A student must possess auditory ability to monitor and assess health needs. This includes but is not limited to the ability to hear and interpret information a patient is communicating verbally, hear auscultatory sounds using a stethoscope, hear auditory signals from technical equipment, hear cries for help, and communicate using a telephone.

### Behavioral/Emotional

A student must possess the behavioral and emotional health to sufficiently utilize his or her intellectual abilities in order to exercise good judgment and meet their patient's needs in a professional manner. This includes but is not limited to maintaining professional, sensitive, and empathetic therapeutic relationships with clients and families; contributing in a positive manner to the team of healthcare providers caring for clients; examining and changing his or her behavior when it interferes with a productive individual or team relationship while caring for patients; responding to highly stressful and/or unpredictable situations including but not limited to physical and emotional trauma, birth, and death in an effective and professional manner; applying ethical principles to decision making despite various stressors; making appropriate decisions about the release of information; and regulating himself or herself to understand scope of practice, including the scope of student nurse practice.

### English Language Facility

Per the Virginia Board of Nursing, all nurses licensed in Virginia must be fluent in English. This does not require an individual to be a native English speaker but does require fluency in oral and written communication.

#### General Communication

A student must possess the ability to communicate effectively and sensitively with clients, family members, members of the health care team, and other stakeholders. This includes expressive and receptive modes of verbal, nonverbal, and written communication further including but not limited to explaining treatment procedures; initiating and sustaining health teaching; documenting nursing assessments, actions, and client/family responses; reading patient documentation and various medical literature; and giving an accurate report of patient information to other healthcare professionals and appropriate stakeholders.

#### Motor Coordination, Strength and Stamina

A student must possess sufficient gross and fine motor coordination to complete nursing care. This includes but is not limited to moving about in various patient care environments; performing treatments and procedures; and calibrating and using equipment. A student must possess sufficient motor function, neuromuscular strength, and coordination to perform functions of nursing care. This includes but is not limited to transferring clients between wheelchairs, beds, and stretchers; elicit information for care using palpation, auscultation, and percussion; manipulate diagnostic instruments; perform CPR; administer medications (intravenous, intramuscular, subcutaneous, and oral); manipulate life-support devices; and apply pressure to stop bleeding. A student must possess sufficient stamina to complete nursing functions. This includes but is not limited to the ability to sit, stand, move, and tolerate physically taxing workloads in skills lab and healthcare environments for periods up to 12 hours at a time.

#### Tactile

A student must possess tactile ability sufficient to perform a physical assessment of a patient and to perform procedures necessary for nursing care. This includes but is not limited to the ability to perform palpation and other functions necessary for physical examination; assess texture, shape, size, temperature, and vibration; perform therapeutic functions such as inserting a urinary catheter, change dressings, and give medications; and collect specimens.

#### Visual Acuity

A student must possess visual ability sufficient for observation and assessment to provide nursing care. This includes but is not limited to the ability to see drainage on dressings and identify/monitor the drainage of body fluids; note fluid levels in collection devices, syringes, and infusion devices; read a variety of gauges; observe changes in patient skin color; discriminate colors for diagnostic purposes; and observe patient behavior.

#### Reasonable Accommodations for Disabilities

The Bedford County School of Practical Nursing, along with Bedford County Public Schools as a whole, is compliant with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990,

the Individuals with Disabilities Education Act 3-21 Part B, and the Americans with Disabilities Amendments Act of 2008. The purpose of disability accommodations is to provide equal access.

Reasonable accommodations do not negate requirements for successful completion of a program, course, service, and/or activity; adherence to generally acceptable standards of behavior; the general, academic, and professional student rights and responsibilities of the Bedford County School of Practical Nursing, Bedford County Public Schools, and of clinical sites; or adherence to faculty/staff directions and instructions.

No student will be excluded from any course or curriculum of study on the basis of disability if the student can perform the essential functions of the course or curriculum with reasonable accommodations. The practical nursing courses have rigorous technical standards which must be met by all students.

All disability-related accommodations in the classroom should, as appropriate, mirror the accommodations appropriate for the student's possible NCLEX-PN completion. Adult students seeking to receive disability-related accommodations should self-disclose their need to the Director of the School of Practical Nursing and/or the Principal of Bedford Science and Technology Center. This self-disclosure should be accompanied by documentation of the disability within the past two years as indicated by a qualified professional. The documentation reviewed by the Bedford County School of Practical Nursing should be compliant with Virginia Board of Nursing Guidance Document 90-22, accessible via [https://www.dhp.virginia.gov/nursing/nursing\\_guidelines.htm](https://www.dhp.virginia.gov/nursing/nursing_guidelines.htm). High school students seeking to receive disability-related accommodations should speak with their 504 or IEP case manager, or, in the absence of previous eligibility, their base school's child study/student consultation team coordinator. The Director of the School of Practical Nursing, the Principal of Bedford Science and Technology Center, or any Bedford County Public Schools secondary school counselor can assist in helping students reach these individuals as needed. Case managers for high school students with 504 plans or IEPs share these documents confidentially with instructors.

Students seeking testing accommodations should be advised of Virginia Board of Nursing Guidance Document 90-92 available at [https://www.dhp.virginia.gov/nursing/nursing\\_guidelines.htm](https://www.dhp.virginia.gov/nursing/nursing_guidelines.htm).

Applicants seeking testing accommodations for entrance tests should contact the Director of the School of Practical Nursing to make such a request in advance of entrance testing. All disability-related accommodations in entrance testing should, as appropriate, mirror the accommodations appropriate for the applicant's possible NCLEX-PN completion.

By my signature, I acknowledge that I have read the essential functional capabilities outlined in this policy. If at any time I am unable to carry out these requirements, I agree to meet with the program director to evaluate my ability to progress in the program.

Applicant signature \_\_\_\_\_

BSTC faculty signature \_\_\_\_\_

Date \_\_\_\_\_

## PHYSICAL EXAMINATION FORM

This is a confidential form that must be filled out by the student and his/her primary care physician. The student will not be fully registered and enrolled until BOTH pages of this form are completed, signed, and returned.

Please return this form to: BSOPN 600 Edmund St., Bedford, VA, 24523, fax 540-586-7711

Student's Name: \_\_\_\_\_

Street

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Gender:      Male              Female      Date of Birth (dd/mm/yyyy):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Do you now have or have you ever had:

- Allergies/Asthma
- Epilepsy/Seizures
- Positive PPD Test/Tuberculosis
- Cancer
- Gastrointestinal Disorder
- Psychiatric/Behavior Disorder
- Cardiovascular Disease
- Hepatitis/Jaundice
- Pulmonary/Lung Disease
- Diabetes
- High Blood Pressure
- Skin Problems/Disease
- Drug/Alcohol Abuse
- Kidney/Urinary Disorder
- Tobacco use (current or past)
- Endocrine Disorder
- Musculoskeletal Disorder
- Other: \_\_\_\_\_

Comments (please explain any YES answers above):

\_\_\_\_\_  
\_\_\_\_\_

List all allergies:

\_\_\_\_\_  
\_\_\_\_\_

Surgeries (with  
dates): \_\_\_\_\_

\_\_\_\_\_

Previous hospitalizations (with dates): \_\_\_\_\_

Current medications: \_\_\_\_\_

I attest that the information shown above is true and accurate to the best of my knowledge.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PHYSICAL EXAMINATION

(This page must be completed and signed by your physician, nurse practitioner or physician assistant.)

Patient's Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

RR: \_\_\_\_\_ Vision: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

W/O correction: \_\_\_\_\_ OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

With correction: \_\_\_\_\_

Normal Abnormal Comments

HEENT \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Abdomen \_\_\_\_\_

GU \_\_\_\_\_

Extremities \_\_\_\_\_

Neurologic \_\_\_\_\_

Adenopathy \_\_\_\_\_

Vascular \_\_\_\_\_

Skin \_\_\_\_\_

Psychiatric \_\_\_\_\_



To your knowledge, does this patient have any significant medical problems? Yes No

Explain: \_\_\_\_\_

To your knowledge, does this patient have any emotional, psychological or psychiatric problems? Yes No

Explain: \_\_\_\_\_

Do you know of any physical or psychological reason why this student would not be able to withstand the rigors of nursing school education? Yes No

Explain: \_\_\_\_\_

Labs (if indicated):

CXR \_\_\_\_\_ U/A \_\_\_\_\_ CBC or

H/H \_\_\_\_\_ Pap \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_

Physician/NP/PA Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Physician/NP/PA Signature: \_\_\_\_\_

Date: \_\_\_\_\_