



Nightingale Healthcare Professionals

903 University Ave., Berkeley, CA 94710

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

MEDICAL EXAMINATION REPORT

STUDENT NAME: _____

S.S. # _____ DATE OF BIRTH: _____

Please have the examiner fill out the information requested in each area. In some cases, only a MD may verify treatment of medical clearance to participate in the Nursing Program. Turn in completed form to NHP administrative office on the first day of class.

Please Circle: MALE FEMALE

Date of Examination: _____

HEIGHT: _____ WEIGHT : _____

PULSE: _____/MIN RESP _____ BLOOD PRESSURE: _____

VISUAL ACUITY:
LENS: RT EYE: _____ LEFT EYE: _____

VISUAL ACUITY WITH CORRECTIVE
RT EYE: _____ LEFT EYE: _____

CHECKLIST	NORMAL	ABNORMAL	DETAILED DESCRIPTION OF ABNORMAL FINDINGS
HANDS/SKIN			
HEAD EYES			
EAR/NOSE/THROAT/MOUTH			
NECK/NODES			
CHEST/LUNGS			
CARDIOVASCULAR			
ABDOMEN			
MUSCULOSKELETAL			
NERVOUS SYSTEM			

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STUDENT EXAMINATION OUTCOME

I hereby certify we have examined _____ and found them
(Student's Name)

S.S. # _____ DATE OF BIRTH: _____

Cleared without limitation Yes or No

Not cleared for this reason _____

Physician's Printed Name: _____

Physician's Signature: _____

Address: _____

Telephone Number: _____

TB TEST Intradermal Skin Test (PPD Mantoux)

Date Tested _____ Negative Positive

If Positive skin test, a medical physician must enter in the following information:

Date of Chest X-ray: _____ (Within the Past Year) Result : _____

Chest X-ray and Questionnaire must be done annually

Has this patient been prescribed any Chemotherapy to treat TB? _____

What medications are prescribed and what prescription/regimen? _____

Flu Shot (Flu Season October 1st – March 31st)

I have given _____ the _____
(Student's Name) (Flu shot Series)

PHYSICIAN'S SIGNATURE: _____

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ALL CLEARANCE FORMS MUST BE COMPLETED BEFORE ANY DIRECT PATIENT CONTACT

Please make arrangements to complete these requirements before the first day of class. A COVID-19 Test, TB test, Livescan, Physical and Flu Shot (flu season: Oct 1st thru Mar 31st) are necessary to participate in clinical and will be required the first day of class. You cannot miss class hours to get tests completed. Please be advised these locations are here as an option, you may choose to accomplish these requirements at any location convenient and within your means.

COVID-19 TESTING

- www.curative.com

Multiple Bay Area locations based on zip code

Cost: Free self-collected test (24-48 hour turn around on results)

TB TESTS AVAILABLE AT THIS LOCATION:

- *Berkeley Free Clinic*: 2339 Durant Avenue Berkeley, CA 94704

Cost: Free To schedule an appointment call (510) 548-2570 at 5:45 pm

- *Roots Community Health Center*: 9925 International Blvd #5 Oakland Ca 94603

Cost: \$25 to schedule an appointment call 510.777.1177

COVID-19 Testing

Cost: Free To schedule an appointment visit <https://rootsclinic.org/covid-19-testing/>

LIVESCAN AND PHYSICALS AVAILABLE AT THIS LOCATION:

For a list of more local vendors visit <https://oag.ca.gov/fingerprints/locations>

(OCA Number is your Social Security Number)

Checkpoint OTC

1 Market St Oakland, Ca 94607

(510) 836-0448

No appointment needed

Livescan \$57 Open Monday – Friday

Physical \$70 Open Monday – Friday

PHYSICAL, TB TEST AND FLU SHOTS AVAILABLE AT THIS LOCATION:

Open Mon – Fri 8:30am - 3:30pm No appointment needed

Dr. Konstantin

2584 MacArthur Blvd.

Oakland, CA 94602

(510) 530-5400

\$40 instant COVID-19 Test

\$70 for all 3 (best value)

\$30 TB test only

\$50 Physical only

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