



FRANK PHILLIPS COLLEGE  
VOCATIONAL NURSING DEPARTMENT  
P.O. Box 5118  
Borger, TX 79008-5118



**PHYSICAL EXAMINATION OF APPLICANT**

1. Name \_\_\_\_\_ Date \_\_\_\_\_
2. Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
4. Past History: illnesses, operations, & injuries (complete with dates) \_\_\_\_\_

5. Eyes: Vision: R \_\_\_\_\_ L \_\_\_\_\_ With Glasses: R \_\_\_\_\_ L \_\_\_\_\_
6. Ears: Condition: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_
7. Nose: \_\_\_\_\_ Sinuses: \_\_\_\_\_
8. Teeth: \_\_\_\_\_ Tonsils: \_\_\_\_\_
9. Thyroid: \_\_\_\_\_ Skin: \_\_\_\_\_
10. Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_
11. Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_
12. Feet: R \_\_\_\_\_ L \_\_\_\_\_ Varicose Veins: \_\_\_\_\_
13. Back: \_\_\_\_\_
14. Posture: \_\_\_\_\_ Reflexes: \_\_\_\_\_

Defects found:

Corrections made or recommended:

In your opinion, is this individual in suitable physical and emotional condition to pursue vocational nursing education? \_\_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_  
**Signature of examining physician**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Original form must be returned to the Vocational Nursing Department!!!**

Reviewed 1/2026