



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