

Physical Examination Attestation Form

Date _____

Section 1: To be completed by student

Student's Name				Email		
Current Program						
Phone Numbers	Home	Cell	Work			

Section 2: To be completed by licensed primary care provider

Name			Credentials			
Address			City/State			
Email			Phone			

Attestation

I have conducted a physical examination on the above named individual within the past 12 months.

Date of last physical examination: _____

On the basis of the results of the examination, this individual is free of any condition that would prevent him/her from participating in practicum experience(s) in nursing courses through Loyola University New Orleans.

Date: _____

Provider's Signature _____