

Healthcare Provider Signature Form (Clearance Document/Physical Exam)**Instructions for Completion of Healthcare Provider Signature Form**

A healthcare provider must sign the Healthcare Provider Signature Form within six (6) months of start date and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner (N.P.), or physician's assistant (P.A.). This declaration should not impede students with disabilities from applying or being accepted into the program.

(Please Print)

Applicant Name: _____ Student ID Number: _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should consider the mental and physical demands of the program prior to making application.

I have reviewed the Maricopa Nursing Essential Skills and Functional Abilities. I believe the applicant:

WILL **WILL NOT** be able to function as a nursing student as described above. If not, explain:

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.):

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____