

**SAN JOSE STATE UNIVERSITY
School of Nursing
HEALTH STATEMENT**

(Date)

To the student:

This form needs to be completed within one calendar year before starting nursing courses. Bring original completed health statement to the School of Nursing.

From your Physician or Nurse Practitioner:

I have examined: _____
Print: Last, First, Middle Initial)

(Social Security #): _____

and find her/him to be in _____ health.
(excellent, good, fair or unsatisfactory)

In your judgment, is the student's health such that she/he would be able to give satisfactory patient care?

In your judgment, is the student's mental and physical health such that she/he would be able to complete the program?

Signed: _____ Print Name: _____ Title: _____

Address, City, State: _____

Phone: () _____ Date: _____

HEALTH CARE PROVIDER: Please return this completed form to the School of Nursing, HB 420, San Jose State University, San Jose, CA 95192-0057, or give to the student to carry into the nursing office. Thank you.