

**Marshall University
School of Nursing
Certification of Physical Exam**

This is to certify that _____ (Student Name) had a physical exam on _____ (Date of Exam). Based upon the history and examination, and having reviewed the technical standards identified by the nursing program (see attached), I believe the student:

_____ is able to meet the physical and mental/emotional components of a professional nursing program.

_____ is able to meet the physical and mental/emotional components of a professional nursing program with accommodation. (It is the student's responsibility to request necessary accommodations from the Marshall University Disability Services Office- see technical standard form for information.)

_____ is NOT able to meet the with the physical and mental/ emotional components of a professional nursing program.

Healthcare Provider's Signature

Date

Healthcare Provider's Printed Name/Title

Address

Phone

City, State, Zip