



Nursing Programs at Western Kentucky University

MEDICAL HISTORY MUST BE COMPLETED BY THE APPLICANT IN ENGLISH AND SIGNED

PLEASE TYPE OR PRINT IN INK

Last NAME:	First	Middle:	Maiden Name:
DATE OF BIRTH: _____ Month/Day/Year		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
WKU ID # _____		I am a: ___ASN student ___BSN Prelicensure Student ___RN to BSN student ___MSN Student ___DNP Student	

1. Do you have any allergies to food, medication or other substances (latex, respiratory allergens). Describe substance and reactions (rash, nausea, difficulty breathing, etc).

2. Do you now have or have you ever had any of the conditions listed below? (Check "YES" or "NO" for each item. Yes answers must be explained in the space below.)

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
a) Significant or serious illness(es) or injuries?			m) Have you ever been treated or told by a health care provider that you needed treatment for a mental condition? (Describe and give dates.)		
b) Had any operations or been advised by a physician to have an operation?			n) Do you currently take medication for treatment of a medical condition (list name/dose) or do you require the use of a medical device?		
c) Epilepsy, convulsions, seizures.			o) Joint disease or injury, swollen or painful joints.		
d) Eye disease, color blindness, or vision defect in one or both eyes that cannot be corrected with glasses to normal vision.			p) Back or spinal condition or other condition that requires the use of a brace or interferes with your ability to lift and/or move.		
e) Ear disease or hearing defect in one or both ears that cannot be corrected with hearing aides to normal hearing.			q) Have you ever been told you should cut back on drinking or alcohol use?		
f) Asthma, emphysema, or other lung conditions.			r) Depression, anxiety, attempted suicide or other psychological symptoms.		
g) Tuberculosis or exposure to tuberculosis.			s) Drug or narcotic use such as marijuana, cocaine, heroin, LSD, or any derivatives.		
h) High/low blood pressure, heart disease.			t) Bleeding disorder, blood disease, sickle cell anemia.		
i) Stomach, liver (hepatitis), gallbladder disease.			u) Tumor, abnormal growth, cyst, or cancer.		
j) Hernia (rupture)/Genito-Urinary/Rectal Disorder.			v) Skin disorders, growths, psoriasis, eczema.		
k) Any condition that decreases your strength, stamina or mobility.			w) Gynecological disease/abnormal menses.		
l) Any condition that requires regular medical treatment or medication use.			x) Autoimmune or immune disorder		

3. If you answered "YES" to any item in Question 2, please explain in detail (include dates of occurrence, treatment, and outcome):

Nursing students must be able to meet the essential functions for nursing, with or without accommodation. Please review the attached Core Performance Standards for nursing students and speak with a nursing advisor or the student disabilities office if you have any questions or concerns about your ability to meet these performance standards.

I have reviewed the core nursing standards and certify that I am able to meet these standards with or without reasonable accommodation. The above statements are true to the best of my knowledge.

Student Signature: _____

Date: _____

Please review before you complete the Medical History form. If you have any questions or concerns about your ability to meet these performance standards please contact the nursing department.

Core Performance Standards for Admission and Progression
SREB Council on Collegiate Education for Nursing

Issue	Standard	Examples of necessary activities (not all-inclusive)
Critical thinking	Critical-thinking ability sufficient for clinical judgment	Identify cause/effect relationships in clinical situations, develop nursing care plans
Interpersonal	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds	Establish rapport with patients/clients and colleagues Respond appropriately to stressful situations
Communication	Communication abilities sufficient for verbal and written interaction with others	Explain treatment procedures, initiate health teaching, and document and interpret nursing actions and patient/client responses
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Move around in patient's room, work spaces and treatment areas; administer cardiopulmonary procedures
Motor skills	Gross and fine motor abilities sufficient for providing safe, effective nursing care	Calibrate and use equipment; position patients/clients
Hearing	Auditory ability sufficient for monitoring and assessing health needs	Hear monitor alarm, emergency signals, auscultatory sounds and cries for help
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observe patient/client responses, including color changes.
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter)