



**SAINT JOSEPH'S COLLEGE NURSING PROGRAM**

(MSN, FNP, and BSN)  
278 White's Bridge Rd.  
Standish, ME 04084

**Annual Physical Exam Form**

This is to certify that \_\_\_\_\_ meets the physical

(Please print student's name)

requirement for participation in a clinical practicum, including TB symptom review if noted history of + PPD test, and was examined by me on \_\_\_\_\_(date) for his/her annual physical exam. (note: date must be within 12 months of starting first clinical practicum).

Student name: \_\_\_\_\_  
(please print)

Student signature: \_\_\_\_\_

Provider name: \_\_\_\_\_  
(please print)

Provider signature: \_\_\_\_\_