



MARYMOUNT UNIVERSITY

Malek School of Health Professions

PROVIDER ATTESTATION: CLINICAL FITNESS

REQUIREMENT: All MU students engaged in clinical learning activities are required to have a physical exam in advance of beginning their clinical courses. This requirement is ***in addition to*** meeting the MU requirement for submitting health history and immunization information. The details of both health history and immunization information are listed on the *Marymount University Student Medical Form*. Other nursing requirements are detailed in the *BSN Student Handbook*. Please note that over the course of your academic program, you may also be subject to specific requirements outlined by our clinical agency partners.

All students newly enrolling in NU 236 (Traditional Students), NU 333 (Accelerated Students), and NUF 501 must submit the following statement ***signed and dated by a licensed primary care provider.***

Student Name: _____ (Please print/type)
First Last

Date of Birth: _____
MM/DD/YYYY

I have obtained a health history, performed a physical examination, and reviewed immunization status and laboratory results. In my estimation, this student has no physical, emotional, or other mental health limitations and is able to participate fully in student clinical activities in a health care or classroom setting. (NOTE: ANY LIMITATIONS MUST BE DESCRIBED IN AN ATTACHMENT).

Provider name: _____ (Please print/type)
First Last

Provider address: _____

Provider signature: _____ Date: _____