



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

School of Nursing • College of Health, Human Services, and Nursing
1000 Victoria Street, WH A-335, Carson, CA 90747; (310) 243-3596

**Physical Exam Health Clearance Form
California State University, Dominguez Hills**

Student Name: _____

Date of Physical Exam: _____

Health Care Provider Name: _____
(MD, DO, NP, PA)

Office Address: _____

I certify that the student named above has received a physical examination, is free of infectious disease(s), and is physically able to perform daily activities as a Registered Nurse.

Should you have any questions, please contact me at (_____) _____ - _____

Health Care Provider's Signature