CSUN | TSENG COLLEGE GRADUATE, INTERNATIONAL AND MIDCAREER EDUCATION

STATEMENT OF PHYSICIAN OR HEALTHCARE PROVIDER:

I hereby certify that _____ was examined by me on _____, 20 ____, and was found to be fit to function in a nursing program, without limitations or accommodations related to: (Please check the appropriate boxes)

TASKS	**Able to Perform**	**Needs Accommodations**
Lifting patients		
Pulling patients		
Turning patients		
Physical mobility		
Pushing heavy medical equipment		

If you answered "Needs Accommodations" to any of the above, please explain.

_____

_____

_____

_____
Signature of Physician or Healthcare Provider

_____
Stamp of Physician or Healthcare Provider