

Health Examination Form for Admission to the Nurse Aide Training Program

TOP PORTION TO BE COMPLETED AND REVIEWED BY THE STUDENT (please print):	
Name:	Date of Birth:
Address:	
City/State/Zip:	Phone Number:
BOTTOM PORTION TO BE COMPLETE	CD AT PHYSICIAN'S OFFICE/MEDICAL CLINIC
Student Eligibility Requir	rements for Nurse Aide Training
Note to healthcare professional performing	physical assessment:
• The student must pass a physical examina	ation and must be free of communicable diseases.
1 1 2	tep PPD test prior to the first day of class or bring
	the turning of clients is an important part of the at must have the physical ability to succeed in such
 The student must be able to lift 40 pound Direct any questions to Nurse Aide Train To be completed by an MD, DO, CRNP, or PA: 	
Yes No I certify the student is free from com	nmunicable diseases in the communicable state.
	conditions or restrictions which will prevent the student from the student has restrictions that require accommodations,
	al requirements of the program including full use of hands, , and lift a minimum of 40 pounds without restriction?
Date of Examination:	
Examiner's Name and Title:	
Examiner's Signature:	
Address:	
City/State/Zip	Phone:

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Tuberculin test (PPD) or IGRA blood test. Documentation is only acceptable if performed <u>within one year prior</u> to the start of class and must be submitted on the first day of class. A PPD expiring during the class will require an annual PPD (one step) in addition to proof of the 2-step PPD.

TB form attached.