



Health Examination Form for Admission to Nurse Aide Certification Course

To be completed by applicant (please print):

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Course Section Number: _____
Sponsor (if applicable): _____

Student Eligibility Requirements for Nurse Aide Training

Note to HealthCare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
- Student must have an administered and read two-step PPD test prior to the first day of class.
- Training in transferring, positioning, and the turning of residents/clients is an important part of the training program. Therefore, each student must have the physical ability to succeed in such training.
- The student must be able to lift forty pounds to waist level without restrictions.

2-step Tuberculin test, PPD or Mantoux type

(This is required. Form is not complete until the results are read and reported.)

Step 1 Date administered: _____ By whom: _____ Site: _____
Date read: _____ By whom: _____ Site: _____
Results: _____ mm

7-21 days after the first PPD is read Step 2 must be administered

[i.e. if 1st is administered Mon 2/5 & read Wed 2/7, the 2nd is administered Thursday 2/14]

Step 2 Date administered: _____ By whom: _____ Site: _____
Date read: _____ By whom: _____ Site: _____
Results: _____ mm

If PPD results are positive, please describe the treatment given and the date completed:

TO BE COMPLETED BY MD, DO, CRNP or PA:

Yes ___ No ___ I certify that the student/employee is free from communicable diseases in the communicable state.

Yes ___ No ___ I certify that the student/employee has no medical conditions/restrictions, which will prevent the student/employee from performing the essential function of the job. (If the student/employee has restrictions that require accommodation, please note them in the comments section below)

Yes ___ No ___ Is applicant able to lift 40 lbs. to waist level?

Comments: If applicant has any limitations, please explain:

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 two-step Tuberculin test (PPD). Documentation of both are only acceptable if performed within one year prior to the start of class and must be submitted on the first day of class. A PPD expiring during the course of the class will require an annual (one-step) PPD in addition to proof of the two-step PPD.