



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: _____

All students are required to have the annual influenza vaccine if attending a Nurse Aide Training class between the months of October through March. Date administered: _____
Please bring the receipt or documentation from your health care provider to the first day of class.

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 completed the 2-step PPD test prior to the first day of class or bring the IGRA blood test results.
- 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 40 pounds to waist level without restrictions.

TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (please print):

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: _____ R.arm/L.arm (circle one) by whom- signature and title: _____
Date read: _____ By whom- signature and title: _____
Results: _____ mm

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

Step 2 Date administered: _____ R.arm/L.arm (circle one) By whom- signature and title: _____
Date read: _____ By whom- signature and title: _____
Results: _____ mm

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

If PPD's are not given please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT–GIT) or SPOT® TB test (T–Spot). This test with negative results will be accepted if PPD's are not 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 2-step Tuberculin test (PPD) or IGRA blood test. Documentation is 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 PPD (one step) in addition to proof of the 2-step PPD.