

**The Nursing Institute
School of Nursing & Health Professions
NURSE ASSISTANT TRAINING PROGRAM
PRE-ATTENDANCE HEALTH REQUIREMENTS**

Name _____ Date of Birth _____

Physician Name & Address _____

Tuberculosis

2 Step first year, then 1 step yearly NOTE: Tine test is NOT accepted.

STEP 1

PPD 0.1 ml ID
READ in 48 – 72 Hours

Date Administered _____

Signature _____

Date Read _____

Results _____

Signature _____

STEP 2

PPD 0.1 ml ID
READ in 48 – 72 Hours

Date Administered _____

Signature _____

Date Read _____

Results _____

Signature _____

Any student who has a positive Mantoux must have a Chest x-ray and be given medical clearance before beginning class.

CXR Date: _____ Attach copy of interpretation.

Absence of Active Disease: **Yes** _____ ***No** _____

If No, Please Explain: _____

PHYSICAL EXAMINATION

Height _____

Weight _____

Temperature _____

Pulse _____

Respiration _____

Blood Pressure _____

General Appearance WNL Except: _____

Skin WNL Except: _____

HEENT WNL Except: _____

Eyes WNL Except: _____

Hearing WNL Except: _____

Respiratory WNL Except: _____

Cardiovascular WNL Except: _____

Neurological WNL Except: _____

Musculoskeletal WNL Except: _____

Lifting Ability WNL Except: _____

Abdomen WNL Except: _____

Is this individual fit for duty and free of communicable disease? _____ **Yes** _____ **No ***

* If no, please explain. _____

Does this individual have any condition(s) that might subject them to an emergency in the classroom, laboratory or clinical setting?

_____ **Yes*** _____ **No**

* If yes, please explain. _____

After this examination, do you believe that this person's health history, physical and mental health findings justify his/her undertaking the Nurse Aide Training Program, including clinical experience with direct patient contact in health care agencies?

_____ **Yes** _____ **No ***

*If no, please explain. _____

Signature: (MD, DO or NP) _____ Date: _____