

BASIC NURSE ASSISTANT TRAINING PROGRAM MEDICAL FORM

NOTE: The 2-step TB test and the physical exam are to be completed *no sooner than 30 days before the class start date*. This form is due to your instructor *no later than seven (7) calendar days after the class start date*. Failure to complete and submit this form as required will result in the student being withdrawn from the Basic Nurse Assistant Training Program.

Name of Person Examined

DOB _____

I. TESTS

2-step TB Test **OR, if positive**, a chest X-ray

Date Administered	Lot #	Date Read	Results	Signature
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#1 _____	_____	_____	_____	_____
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#2 _____	_____	_____	_____	_____
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II. FINDINGS

Summary of health problems or conditions, if any, that may affect the student's ability to perform the duties of a Nursing Assistant.

III. RECOMMENDATIONS

The above individual was found free from symptoms of communicable disease, able to lift a minimum of 50 lbs. unassisted and otherwise physically and emotionally fit to perform the duties of a Nursing Assistant without restriction.

_____ Yes _____ No If "No", explain: _____

Date

Physician's Signature

Physician's State License Number

Physician's Address: _____

Physician's Phone: _____