

# BASIC NURSE ASSISTANT TRAINING PROGRAM MEDICAL FORM

**NOTE:** The 2-step Mantoux TB test and the physical exam are to be completed within one month prior to the class start date. This form is due to your instructor no later than 14 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 Failure to complete and submit this form as required will result in the student being withdrawn from the Basic Nurse Assistant Training Program.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 Mantoux TB Test                      **OR**                      Chest X-ray in a Positive Reactor

Date Administered    Lot #    Date Read    Results    Signature

#1 \_\_\_\_\_

#2 \_\_\_\_\_

## 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 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: \_\_\_\_\_