CCAC NURSE AIDE TRAINING PROGRAM

HEALTH FORM

I have examined _____ who is a Student in the Nursing Aide Training Program of Community College of Allegheny County.

❑ Yes ❒ No – I certify that the applicant is free from communicable diseases in the communicable state.

❑ Yes ❒ No – I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accomodations, please note them in the comments section below).

❑ Yes ❒ No – Is the applicant able to lift 40 pounds to waist level?

Comments: If applicant has any limitations, please explain:

_____

_____

_____

TB SCREENING FORM

All Students are required to obtain a 2-Step Mantoux test (2 TB tests)

(A chest x-ray report within the past 5 years stating "No active disease" or a negative Quantiferon (gold) blood test within the last year also acceptable). Attach documents to THIS FORM.

TWO-STEP TURERCULIN SKIN TESTING IS REQUIRED

(Form is NOT complete until the results are read and reported and must be recorded in mm not "negative.")

Step 1: Date administered: _____ By whom: _____ Site: _____

Date read: _____ By whom: _____ Site: _____

Numeric Results:_____ mm Signature: _____

7-21 DAYS ATER THE FIRST TEST IS READ, STEP 2 MUST BE ADMIISTERED

(For example: if 1st is administered Monday, 2/5 and read Wednesday, 2/7; the 2nd is administered Thursday, 2/14)

The second TB test must be taken no moe than three weeks after the first test

Step 2: Date administered: _____ By whom: _____ Site: _____

Date read: _____ By whom: _____ Site: _____

Numeric Results:_____ mm Signature: _____

*If induration of either test is greater than 5 mm, a chest x-ray is required. Attach written copy of x-ray report.
**See Infectious Disease Policy" (See page 3)

Physician's Name (PRINT): _____ Phone #: (_____)_____

Address: _____

_____

Physician's Signature: _____ Date: _____