

APPENDIX A

Physical Form
Messiah University Nurse Aide Training and Competency Evaluation Program
Health Examination
Required for Nurse Aide Course

To be completed by applicant:

Name: _____

Address: _____

Phone: _____

To be completed by health care provider (either test is acceptable):

A. QuantiFERON TB Gold test

Date obtained: _____

Date of Results: _____

Results:

- ☐ Negative/Normal
- ☐ Positive/Abnormal
- ☐ Indeterminate

B. Two-step Tuberculin Test-PPD

First Step

1. Date administered: _____ Date read: _____

2. Results in mm: _____ mm Read by: _____

Second Step: Second PPD to be administered one week after first PPD is read but no longer than 21 days.

1. Date administered: _____ Date read: _____

2. Results in mm: _____ mm Read by: _____

If a Chest x-ray was obtained, a copy of the results is attached.

☐ Yes

Applicant is able to perform the duties of a nursing assistant.

☐ Yes

☐ No

I certify that this applicant was examined and believe them to be free of communicable disease in a communicable state.

☐ Yes

☐ No

Applicant is free from any restriction or limitations. If no, briefly explain the restriction or limitation

☐ Yes

☐ No

Provider Printed Name: _____

Provider Signature: _____

Provider Title: _____ (MD, DO, PA, CRNP)

Address: _____

Phone: _____ Date: _____