



Physical Examination Form

Student Name: _____ Sex: M F Birth date: _____

Training Program: Medical Assistant Professional Health Care Worker (CNA)

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

1. Is the student able to perform the duties necessary for the training program checked above including a clinical externship and employment?

2. Medications used: Prescription and over-the-counter (attachments may be added)

<u>Name</u>	<u>Indication</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____

3. Significant medical history, accidents, surgeries, back problems, communicable diseases:

4. Examination Comments and findings:

The above named has neither communicable nor disabling disease nor health condition that would create a hazard to himself, visitors, classmates or patients at this time. He/she is able to perform the physical activities required for the training.

Examiner Name (please print): _____ **Phone:** _____

Examiner Signature: _____ **Date:** _____

I give permission to release a copy of this form to affiliating clinical facility. This information is held in confidentiality by the course instructor and the client services department of JobTrain.

Student Signature: _____ Date: _____

Student Name: _____

Required Tuberculosis Screening (PPD)

To Be Completed by Physician or Nurse Practitioner

<i>Option 1:</i>		Initials	Date and Results
Quantiferon- Gold			

<i>Option 2: Please note: Step 1 and Step 2 must be 1-3 weeks apart.</i>	Date Administered	Initials	Date and Result in Millimeters
Step 1:			
Step 2:			
Chest x-ray (if positive PPD, otherwise, N/A)	Please attach results		

Immunization History

To Be Completed by Physician or Nurse Practitioner

Please attach lab results and/or immunization record

Immunization	Date(s) Given	Titer Results	Initials
Hepatitis B (3-part series or Titer)			
Varicella (2-Vaccines or Titer)			
Tdap (every 10 years)			
MMR(Measles/Mumps/Rubella) (2 Vaccines or Titer)			
Influenza			