



YORK TECH

HEALTH FORM
NURSE AIDE TRAINING PROGRAM

TOP PORTION TO BE COMPLETED AND REVIEWED BY THE STUDENT (please print):

Name: Date of Birth:
Address:
City/State/Zip: Phone Number:

All students are required to have the annual influenza vaccine if attending a Nurse Aide Training class between the months of October through March. Date administered:
Please bring the receipt or documentation from your health care provider two weeks prior to the first day of class.

Student Eligibility Requirements for Nurse Aide Training

Note to Healthcare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
Student must have completed the 2-step PPD test prior to the first day of class or bring the IGRA blood test results, recent chest xray.
Training in transferring, positioning, and the turning of residents/clients is an important part of the training program; therefore, each student must have the physical ability to succeed in such training.
The student must be able to lift 50 pounds to waist level without restrictions.

TO BE COMPLETED AT MEDICAL OFFICE/CLINIC (please print):

2-step Tuberculin test, PPD or Mantoux type

(This is required. Form is not complete until the results are read and reported.)

Step 1 Date administered: R.arm/L.arm (circle one) by whom- signature and title:
Date read: By whom- signature and title:
Results: mm

7-21 days after the first PPD is read Step 2 must be administered

Step 2 Date administered: R.arm/L.arm (circle one) By whom- signature and title:
Date read: By whom- signature and title:
Results: mm

If PPD results are positive, please describe the treatment given and the date completed:

If PPD's are not given please attach lab results from the IGRA blood test (QuantIFERON - TB Gold In-Tube test (QFT-GIT), SPOT TB test (T-Spot), or chest xray to this sheet. These tests with negative results will be accepted if PPD's are not completed.

Drug Screening (10 Panel) Results: Date:

TO BE COMPLETED BY MD, DO, CRNP or PA:

Yes No I certify that the student/employee is free from communicable diseases in the communicable state.
Yes No I certify that the student/employee has no medical conditions/restrictions, which will prevent the student/employee from performing the essential function of the job. (If the student/employee has restrictions that require accommodation, please note them in the comments section below.)
Yes No Is applicant able to lift 50 lbs. to waist level?

Date of Examination:
Examiner's Name and Title:
Examiner's Signature:
Address:
City/State/Zip: Phone:

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Tuberculin test (PPD) or IGRA blood test. PPD or chest x-ray documentation is only acceptable if performed within one year prior to the start of class and must be submitted on the two weeks prior to start of class.

Direct any questions to: Nurse Aide Training at: (717) 747-2135