



PHYSICAL EXAM for NURSE AIDE TRAINING

NAME: _____ DOB: _____

This section to be completed by Medical Professional:

ROS:

AP _____ R _____ BP _____ Ht _____ Wt _____

HEAD/NECK:

CARDIAC:

LUNGS:

ABDOMEN:

MS:

FLEXIBILITY:

1. Bend at waist & touch toes with hands.
 Yes No
2. Raise arms above head.
 Yes No
3. Extend both arms, bend elbows & grasp opposite forearm with hands.
With arms in this position, turn & extend left arm over right hip.
 Yes No
Repeat with opposite side.
 Yes No

I find this individual capable of physically performing the tasks related to Nurse Aid training.

Date: _____ Medical Professional's Signature: _____

Comments: _____



Mantoux Tuberculin Skin Test
for Certified Nurse Aide Training

Name: _____

Program Dates: _____

Date of Last TB test: _____

Results: _____

Clinic where the TB Skin Test is being administered: _____

Initial Mantoux: Manufacturer _____ Exp. Date _____ Lot No. _____ TU strength _____

Administered: _____
 SITE DATE TIME Signature & Title/Person Administering

Results Read: _____
 Induration – mm DATE TIME Signature & Title/Person Interpreting

Baseline Mantoux: Manufacturer _____ Exp. Date _____ Lot No. _____ TU strength _____

Administered: _____
 SITE DATE TIME Signature & Title/Person Administering

Results Read: _____
 Induration – mm DATE TIME Signature & Title/Person Interpreting

If test was reactive, what further steps were taken? _____

If test was reactive, a physician’s statement that “This individual is free of infectious disease, including Tuberculosis” is required before allowed to participate in clinical training.