



**American  
Red Cross**

**NURSE ASSISTANT TRAINING/HOME HEALTH AIDE TRAINING  
PHYSICAL EXAMINATION FORM**

**OFFICE MUST INCLUDE FACILITY STAMP ON BOTH PORTIONS OF THIS FORM**

Name \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you had a serious illness, injury, or surgery? If so, describe:

\_\_\_\_\_

**TO BE COMPLETED BY EXAMINING PHYSICIAN/NURSE PRACTITIONER  
PLEASE COMPLETE ALL SECTIONS**

1. Current complaints or disabilities pertinent to the student's education in the Nurses Assistant or Home Health Aide Training Programs.

\_\_\_\_\_

2. Medication used: Prescription and over the counter (Use back if necessary)

Name	Reason	Frequency
_____	_____	_____
_____	_____	_____

3. Significant medical history: Major illness, accidents, deformities, surgeries, back problems, hepatitis, etc.

4. Examination Comments and Findings:

Normal Physical, patient able to participate in class physical activities. **(Circle one)** YES NO

The above named has no communicable, disabling disease or any health condition that would create a hazard to himself fellow employees, visitors or to patients at this time. He/She is able to perform the physical activities required for the program for which the individual is applying.

Medical Examiner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physical (M.D.), or Physical's Assistant signature

Student Signature \_\_\_\_\_

I give permission to release a copy of this form to affiliating clinical facility.

**Facility Stamp**

**Name of Student:** \_\_\_\_\_

**Facility Stamp**

Required Screening for Tuberculosis **(Within 6 months of class)**

PPD (Attach Report Form) **Date given** \_\_\_\_\_ **Date read** \_\_\_\_\_  
**PPD Results** \_\_\_\_\_

**Chest x-ray [only if P.P.D. is positive] Date** \_\_\_\_\_ **Results** \_\_\_\_\_

**DOCTOR REPORT MUST ACCOMPANY ALL CHEST X-RAY RESULTS.**