

**Nurse Aide Training  
Health Certificate**

\_\_\_\_\_

Last Name	First Name	MI
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\_\_\_\_\_

Address	City	State	Zip
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Is this person free of communicable disease? \_\_\_\_\_

Have you noted any emotional or physical condition(s) which might prevent this person from fulfilling his/her duties as a Nurse Aide? \_\_\_\_\_

If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Essentials of Physical Exam**

Temperature	Respiration	Pulse
Blood Pressure	Weight	Height

Any pertinent findings:

**Date of Physical Exam:** \_\_\_\_\_

**PPD**

Date of 1<sup>st</sup> Step: \_\_\_\_\_ Date 1<sup>st</sup> Step Read: \_\_\_\_\_ Results: \_\_\_\_\_

Date of 2<sup>nd</sup> Step: \_\_\_\_\_ Date 2<sup>nd</sup> Step Read: \_\_\_\_\_ Results: \_\_\_\_\_

Date of Last PPD screening : \_\_\_\_\_ If positive, Chest X-ray results: \_\_\_\_\_

After the first step is given, you will return in 48-72 hours to have it read. You will return in 7 days to receive a second test. You will return in 48-72 hours to have the second test read. The two tests cannot be given less than 7 days apart and not more than 21 days apart. The test must be signed and dated.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_