

Med-Cert Training Center  
20 West Grace Street, Suite D  
Bedford, OH 44146  
(440) 786-2378  
**STUDENT HEALTH FORM**

| <b>Student</b> | <b>Facility/Office</b> |
|----------------|------------------------|
| Name           | Name                   |
| Address        | Address                |
| Phone Number   | Phone Number           |

**Requirements for Clinical Participation**  
(Both the section for TB test and verification of health must be completed)

2-Step TB testing is required to participate in clinical practice. Please record the results below.

| Test # | Date Given | Forearm site | Given By | Date Read | Results | Read By |
|--------|------------|--------------|----------|-----------|---------|---------|
| #1     |            | R or L       |          |           | _____mm |         |
| #2     |            | R or L       |          |           | _____mm |         |

If a positive reaction is noted and a chest x-ray is required, please indicate findings below.

|                 |      |
|-----------------|------|
|                 |      |
|                 |      |
|                 |      |
|                 |      |
| Signature/Title | Date |

## Physical Exam

Each student participating in the nursing assistant/home health aide training program is required to successfully pass a complete physical examination and be certified as physically fit to participate.

***After review of the above named individual's medical history I certify that he/she is able to fully participate in the nursing assistant/home health aide training program without restriction. Please comment below if restrictions are recommended.***

|                 |      |
|-----------------|------|
|                 |      |
|                 |      |
|                 |      |
| Signature/Title | Date |