

All Healthcare Institute
 12235 Beach Blvd., Suite 206
 Stanton, CA 90680

HEALTH ASSESSMENT FOR CNA-HHA STUDENT APPLICANT

TO THE PHYSICIAN: All Healthcare Institute requires a physical examination for students enrolling in the Nursing Program per CDPH guidelines. A statement of your knowledge of this student's health will be greatly appreciated. This report goes directly to the Nursing Education Department and will be released only to authorized clinical facilities and hospital personnel.

STUDENT'S NAME _____
 (PRINT) *Last* *First* *MI*

TB TESTS	Date Given	Date Read	Result
PPD Skin Test <i>(Must be within one year if you have not had a history of a positive result and to be renewed yearly.)</i>			
	Date Done	Radiology Report	
Chest X-Ray <i>(Only if PPD is positive. Include a copy of the x-ray report.)</i>			

REVIEW OF SYSTEMS	FINDINGS
Head & Neck	
EENT	
Respiratory	
Cardiovascular	
Abdomen/GI	
Musculoskeletal	
Neurological	
Endocrine	
Integumentary	
Other	

This is to certify that I have examined the above named individual and verified that he/she is free from signs or symptoms of infectious disease. This person is physically and mentally free from health conditions which would interfere with the individual's ability to perform assigned duties.

___ There are no limitations that would keep this individual from performing his/her job responsibilities.

___ With limitations.

Physician's Name: _____ License #: _____

Clinic Address: _____ Phone: _____

Physician's Signature: _____ Date: _____