**Elite Healthcare Training Center**

**Nurse Assistant I Checklist**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy of the following:**

1. \_\_\_\_\_ EHTC Entrance Exam
2. \_\_\_\_\_ Current Driver’s License
3. \_\_\_\_\_ Social Security Card
4. \_\_\_\_\_ Drug Screen
5. \_\_\_\_\_ Background Check
6. \_\_\_\_\_ CPR Card
7. \_\_\_\_\_ Negative TB Skin Test (a 2-step)
8. \_\_\_\_\_ Tetanus (within the past 10 years)
9. \_\_\_\_\_ Hepatitis B or signed declination form
10. \_\_\_\_\_ Flu shot (Fall and Spring Classes)
11. \_\_\_\_\_ MMR
12. \_\_\_\_\_ Varicella (immunization or titer test)
13. \_\_\_\_\_ COVID vaccine (Moderna/Phifer/Johnson and Johnson)
* Please have all items completed on list a week prior to the beginning of class.

 Office Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_