

**COMMUNITY COLLEGE OF ALLEGHENY COUNTY  
NURSING AIDE TRAINING PROGRAM  
HEALTH FORM**

I have examined \_\_\_\_\_ who is a student in the Nursing Aide Training Program of  
Community College of Allegheny County.

Yes  No I certify that the applicant is free from communicable diseases in the communicable state.

Yes  No I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)

Yes  No Is the applicant able to lift 40 pounds to waist level?

Comments: If applicant has any limitations, please explain:

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**TB SCREENING FORM**

**\*All students are required to obtain a 2 Step Mantoux test (2 TB tests)  
The second TB test must be taken no more than three weeks after the first test**

**TWO-STEP TUBERCULIN SKIN TESTING IS REQUIRED** (Form is not complete until the results are read and reported.)

Step 1 Date administered: \_\_\_\_\_ By whom: \_\_\_\_\_ Site: \_\_\_\_\_  
Date read: \_\_\_\_\_ By whom: \_\_\_\_\_ Site: \_\_\_\_\_  
Results: \_\_\_\_\_ mm Signature: \_\_\_\_\_

**\*\*7-21 days after the first test is read, Step 2 must be administered\*\***

(For example: if 1st is administered Monday (2/5) and read Wednesday (2/7), the 2<sup>nd</sup> is administered Thursday (2/14))

Step 2 Date administered: \_\_\_\_\_ By whom: \_\_\_\_\_ Site: \_\_\_\_\_  
Date read: \_\_\_\_\_ By whom: \_\_\_\_\_ Site: \_\_\_\_\_  
Results: \_\_\_\_\_ mm Signature: \_\_\_\_\_

**\*If induration of either test is greater than 5 mm, a chest x-ray is required. Attach written copy of x-ray report.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print:**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone #( \_\_\_\_\_ ) \_\_\_\_\_