



Health Examination Form

Dear Doctor:

The individual listed below is applying for the Nurse Assistant Training Program. As per California regulations, a physical must be completed prior to entering the program. Please fill out the following form regarding physical health and identify any possible limitations.

Student's Name: _____

Date: _____

Have you had any of the following complaints?

Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above conditions, please explain:

How many pillows do you use? _____ What major operations have you had? _____

I grant permission to the below signed physician or representative to release this information to West Hills College:

Student Signature _____ Date _____

Physical Assessment

EENT _____	Urinary _____
Cardiovascular _____	Muscular _____
Respiratory _____	Skeletal _____
GI _____	Neuro _____
Allergies _____	Medications _____

Physical Requirements - Please check the following tasks the individual is able to perform:

- | | |
|---|---|
| Lift, push or pull objects weighing 50 lbs <input type="checkbox"/> | Stand and walk without difficulty <input type="checkbox"/> |
| Stand for long periods of time <input type="checkbox"/> | Bend at the waist without difficulty <input type="checkbox"/> |
| Perform basic range of motion <input type="checkbox"/> | Limitations, if any: _____ |

Signature of Physician _____ Date _____ Phone Number _____

TB Skin Test

Date of TB skin test _____ Results _____ Date Read _____ Read by _____