



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 _____