



6001 Locust Lane | Harrisburg, PA 17109 | 717-652-3170 x 7445 | FAX: 717-901-6766

Medical Examination Form
DAUPHIN COUNTY TECHNICAL SCHOOL
EVENING NURSE AIDE TRAINING PROGRAM

To be completed by applicant:

Name: _____

Address: _____

Phone: _____

TWO-STEP MANTOUX/PPD TEST

Two Tests Are Required by the PA Department of Education

Test #1 Date: _____ Reaction: _____ Date: _____

Test #2 Date: _____ Reaction: _____ Date: _____

Second PPD is to be administered one (1) week after first PPD is read but no longer than 21 days.

Medical Provider Signature (Required)
(Physician/Physician Assistant/Nurse Practitioner)

PHYSICAL EXAM

Temp	Pulse	BP
Height	Weight	Vision
Heart	Lungs	Eyes

- Yes No Applicant is able to physically attend the Nurse Aide Training Program, perform physical duties at the clinical site which include but is not limited to, lifting 40 lbs. to waist level and perform the other duties of a nursing assistant.
- Yes No I certify that this applicant was examined and believe them to be free of communicable disease in a communicable state, including Tuberculosis infection.
- Yes No Applicant is free from any restriction or limitations. If no, briefly explain the restriction or limitation

Comments:

Signature of Physician/Physician Assistant/Nurse Practitioner (MD, DO, PA, CRNP)

Date _____

Print Name: _____ Signature: _____

Practice: _____

Address: _____

Telephone Number: _____ Fax: _____