

ADULT AND CONTINUING EDUCATION

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 OR QUANTIFERON TM GOLD TEST / IGRA*

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 **7 days** after first PPD is read but no longer than **21 days**.

*** If an IGRA (Interferon Gamma Release Assay) or QUANTIFERON TM GOLD TEST was obtained, a copy of the results is attached.**

If a TST is documented as positive, a negative chest x-ray, less than 5 years old, must be submitted.

PHYSICAL EXAM

Temp	Pulse	BP
Height	Weight	Vision
Heart	Lungs	Eyes

☐ Yes ☐ No Applicant has full use of their hands.

☐ Yes ☐ No Applicant has the ability to stand for extensive periods of time.

☐ 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 _____ Title (MD, DO, PA, or CRNP) _____

Print Name: _____ Signature: _____

Practice: _____

Address: _____

Telephone Number: _____ Fax: _____



pennsylvania
DEPARTMENT OF EDUCATION