

**Physical and TB Screening Form
CareBridge Academy Health Examination Form**

Required for Student Admission

To be completed by applicant:

Name: _____ Phone: _____

Address: _____

To be completed by health care provider:

Tuberculosis test MUST be performed. An IGRA is the *preferred collection method* (also known as quantiFERON-TB gold) or a chest x-ray. Only complete a two step TB test if the IGRA or chest x-ray is unavailable. SELECT ONE OPTION BELOW:

- PREFERRED METHOD.** IGRA or chest x-ray was completed. Please attach the results.
- Two-step tuberculosis screening test completed and documented below. *Please note, this requires a total of 4 (FOUR) visits spread out over at least 12 (TWELVE) days!!!!*

1. Date Administered: _____ Date Read: _____ *(Second PPD is placed 7-21 days after this date!!!!)*

Results in mm: _____ Read By: _____

IMPORTANT: Second PPD is to be administered 7 days after first PPD is read but no longer than 21 days, otherwise it is invalid! For example, if the 1st PPD is read on October 8 (see "date read" above, the second must be administered ONLY between October 15 and October 29.

2. Date Administered: _____ Date Read in mm: _____

Results in mm: _____ Read By: _____

Physical:

- Yes No Applicant is able to perform the 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.
- Yes No Applicant is free from any restriction or limitations. If no, briefly explain:

Provider Signature: _____ Title: _____ (MD, DO, PA, CRNP)

Address: _____

Phone: _____ Date: _____