



**LA/Tri-Cities
Regional Occupational Program**
Whittier, California

Nurse Assistant Pre-Certification Training Program

STUDENT HEALTH HISTORY AND PHYSICAL EXAM

First Name _____ Middle _____ Last _____ Birth Date _____ Age _____ M or F _____

Phone Number _____ Personal Physician or Clinic _____

Student Limited Physical Statement:

The physical examination given is a brief one and is in accordance with the requirement of Title 22, section 71835. Its purpose is to indicate that student is sufficiently free of disease or any health condition, which could create a hazard to themselves, fellow students, staff, patients, or visitors. This is in no way a complete examination and is not designed to diagnose or treat any medical problem which you might already have. For this you must see your own physician. Two negative Tuberculosis screenings will also be required.

Do you have or have you had any of the following: Circle Y for Yes or N for No:

Epilepsy/Seizures	Yes	No	Chest Pain/Pressure	Yes	No	Arthritis.....	Yes	No
Head Injury	Yes	No	Shortness of Breath	Yes	No	Diabetes.....	Yes	No
Dizziness/Fainting	Yes	No	High/Low BP	Yes	No	Skin Problems.....	Yes	No
Frequent Headaches	Yes	No	Heart Disease	Yes	No	Measles	Yes	No
Neck Pain/Injury.....	Yes	No	Scarlet Fever	Yes	No	Mumps.....	Yes	No
Glasses/Contacts.....	Yes	No	Rheumatic Fever	Yes	No	Chicken Pox.....	Yes	No
Glaucoma	Yes	No	Stroke (CVA).....	Yes	No	Cancer	Yes	No
Cataracts	Yes	No	Hernia/Rupture	Yes	No	Mental Illness.....	Yes	No
Hearing Problems	Yes	No	Ulcer	Yes	No	Anemia.....	Yes	No
Thyroid Problems	Yes	No	Kidney Problem	Yes	No	Menstrual Cramps	Yes	No
Tuberculosis	Yes	No	Hepatitis	Yes	No	Pregnancy.....	Yes	No
Asthma	Yes	No	Back Pain/Injury	Yes	No	HIV/AIDS	Yes	No
Chronic Cough	Yes	No	Knee Pain/Injury	Yes	No	Allergies	Yes	No
Bronchitis	Yes	No	Varicose Veins	Yes	No			

Specify any illness, operations, or injuries not mentioned above. (Include dates)

Have you ever had a Tuberculosis (skin) test? Yes _____ No _____ Date _____
 If yes, did the area become red or swollen? Yes _____ No _____

Are you taking any medications, vitamins, or birth control pills? Yes _____ No _____
 If yes, give names and dosages.

Are you currently under the care of a physician? If yes, explain why. _____

List any other problems not listed above. _____

I certify that the foregoing statements are true and complete. Any falsification of this record may be considered cause for denial of certification and removal from class.

Date: _____ Student Signature: _____



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TUBERCULOSIS (TB) SCREENINGS -
To be Completed by an Examiner within 90 days of start of clinical training

PPD #1 Date Given: _____ Site: _____

PPD #1 Results: Date Read: _____ Negative _____ Positive _____

Signature / Stamp of person reading result: _____

2nd PPD (TB Test) Required

PPD #2 Date Given: _____ Site: _____

PPD #2 Results: Date Read: _____ Negative _____ Positive _____

Signature / Stamp of person reading result: _____

Chest X-ray within 4 years if test positive for TB:

Chest x-ray date: _____ Results _____

Signature or Stamp: _____

PHYSICAL EXAMINATION - To Be Completed By an Examiner

BP _____ / _____	Height _____	Weight _____	
		Comments	
Head _____	_____	_____	_____
Eyes _____	_____	_____	_____
Ears _____	_____	_____	_____
Nodes _____	_____	_____	_____
Nose _____	_____	_____	_____
Neck _____	_____	_____	_____
Mouth _____	_____	_____	_____
Heart _____	_____	_____	_____
Lungs _____	_____	_____	_____
Abdomen _____	_____	_____	_____
Hernias _____	_____	_____	_____
Back _____	_____	_____	_____
Skin _____	_____	_____	_____
Gait _____	_____	_____	_____
ROM _____	_____	_____	_____
Posture _____	_____	_____	_____
Squat _____	_____	_____	_____
Extremities _____	_____	_____	_____
Varicose Veins _____	_____	_____	_____

_____ The student does not have any health condition that would create a hazard to him/herself, fellow students, staff, patients or visitors.

_____ The student is free of communicable diseases, but needs to be seen by a physician to continue in this position. See comments below.

_____ The student is not suited for this position. See comments below.

Comments: _____

Date: _____ Examiners Signature & Stamp: _____