



CUYAHOGA COMMUNITY COLLEGE STUDENT HEALTH FORM

Student	Facility/Office
Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Requirements for Clinical Participation

(Both the section for TB test and verification of health must be completed)

2-Step TB testing is required to participate in clinical practice. Please record the results below.

1st Step placed _____ Date	2nd Step placed _____ 7 - 21 days after 1st Step Date
1st Step read _____ 48 - 72 hrs after 1st placement or after 7 days with 2nd placement Date	2nd Step read _____ 48 - 72 hrs after 2nd placement Date
Results _____ mm	Results _____ mm
Nurse Signature: _____	Nurse Signature: _____

If a positive reaction is noted and a chest x-ray is required, please indicate findings below.

Signature / Title _____ Date _____

Verification of health indicating ability to do nurse assistant related duties:

I verify that _____ appears healthy and is able to work in a LTC facility caring for elderly and disabled residents and does not have any restrictions. Please comment below if restrictions are recommended.

Signature / Title _____ Date _____