

General Health Physical

(To be completed by the Healthcare Practitioner)

Name _____ DOB _____ K # _____ Program _____

Allergies (drug, latex, environmental, food): _____

HT _____ WT _____ BP _____ Pulse _____ Resp. _____ Temp. _____

Eye Exam (Snellen chart) Rt. _____ Lt. _____ Glasses / Contacts (circle one if exam with corrected vision)

(Full eye exam is NOT necessary unless recommended by your healthcare provider.)

Are there abnormalities of any of the following:

Head, ears, nose, throat Yes No Assistive Hearing Device? Yes No	Eyes, visual acuity Yes No	Upper Respiratory Yes No	Lungs Yes No	Cardiovascular Yes No BP: _____	Gastrointestinal/rectal Yes No
Hernia Yes No	Genitourinary/Pelvic Yes No	Musculoskeletal Yes No	Metabolic/endocrine Yes No	Neuro Yes No	Skin Yes No

Current or history of the following illnesses, if yes please comment:

- Rheumatic Fever _____
- Hepatitis _____
- Diabetes _____
- Kidney / Urinary condition _____
- Epilepsy / Seizures _____
- Seizure-free for 6 months? Yes / No Date of last seizure:** _____
- Heart Disorder/Attack/Disease _____
- Tuberculosis / Asthma / other respiratory disorder or disease _____
- Varicosities _____

- Mental Illness / Condition (diagnosed) _____
- Abnormal Menstrual History / Pap / Pelvic _____
- Skeletal injury or condition _____
- Other current medical condition: _____

Please list current prescription and frequent use over-the-counter medications: _____
 Please list surgery types / years: _____

Do you have any recommendations, precautions, or limitations for this student in his/her role in patient contact? Yes No
 If yes, please comment _____

Based on your findings, should this student be restricted from patient contact? Yes No
 Any lifting restrictions (due to current pregnancy or previous back injury)? Yes No

Students will not be able to attend clinical with any lifting restrictions.

VERIFICATION:

Your signature below indicates that this student is able to participate in the CNA program at Kirkwood Community College.

Healthcare Practitioner's signature _____ Print last name: _____

Clinic / Office Official Stamp _____ Telephone Number _____

Date: ____/____/____

Kirkwood Community College

CNA

Health Requirements

As a provider of care, students have a legal/ethical responsibility to make certain their health status does not jeopardize patient care. For this reason, the following will be required of all students **prior** to clinical participation.

1. **Health Physical**: A physical form must be completed within 11 months of starting class.
2. **Immunization Requirements**: Students must show *official documentation* in the form of a physician signature, clinic stamp, letterhead or state public health record of the following:
 - ***Influenza***: Proof of seasonal influenza immunization - If clinic falls between October-March.
3. ***2-step TB test***:
 - An initial 2-Step TB test (Two separate TB tests placed at least 1 week apart and no more than 11 months apart. They must be read within 48-72 hours after **each** TB test. Failure to do so will result in an additional test). If the 2 step has been completed in the past, you will only need one additional TB test, done within 11 months of starting clinical.
 - Documentation must include; date placed, date read, and results with healthcare provider's signature and credentials.
 - Individuals who have a positive TB result must show proof of a negative chest x-ray after the positive result. An annual questionnaire will be required in place of future TB tests.
 - T-Spot and Quantiferon Gold blood tests will be accepted in place of the TB skin test if the result is negative.
4. **Privacy and Confidentiality Statement**: Must be read and signed prior to clinical participation.

IMPORTANT: YOU WILL NOT BE PERMITTED TO ENTER A CLINICAL AGENCY UNTIL ALL REQUIREMENTS ARE MET AND APPROVED. NO EXCEPTIONS!

Any changes in health status **must** be reported to your instructor. A Healthcare Practitioner's statement may be required before a student is able to return to clinical.