TECHNICAL COLLEGE OF THE LOWCOUNTRY

CNA STUDENT HEALTH FORM

Copies of original lab reports and medical documentation are required and must be submitted for compliance.

Certified Nursing Assistant (CNA) Date: _____

Student Name:		
Date of Birth:	SS#:	
Address:		
City:	State:	Zip:
Phone Numbers:	Home:	Cell:

Ethnicity (Select One):

☐ American Indian or Alaska Native ☐ Hispanic/Latino ☐ Asian ☐ Bi/Multiracial

☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian ☐ Black/African American ☐ Unknown

Mandatory Immunizations for Students Participating in Clinical Experience

1. Covid Vaccination (MANDATORY) Date #1:_____ #2_____ (if applicable)	2. Flu Vaccine (MANDATORY) *Required annually* Date: _____
3. Quantiferon-TB Blood Test *PPD results are not accepted.* Date of collection: _____ Results: _____ 4. Baseline Chest X-ray (for positive TB results only) *(Copies of original documentation of positive results, x-ray report, and physician statement of clearance required).* Date: _____ Results: _____	

Certification and Consent

I certify that to the best of my knowledge the information provided (including any attached copies) is true and correct. I also give my consent for the release of any immunization and medical information to the faculty/staff at the Technical College of the Lowcountry. I further consent to the release of my immunization and medical information to any clinical facility that I may be sent to for clinical rotations. I agree to inform TCL of any changes in medications or medical conditions. Failure to comply may result in dismissal from the course or program of study.

Student Signature: _____

Date Signed: _____

Return completed form to Rhonda Anderson, Building 2, Beaufort Mather Campus, reanderson@tcl.edu

THIS SECTION MUST BE COMPLETED BY HEALTHCARE PROVIDER

Student Name: _____ Program: CNA

To the examining medical practitioner:
This applicant is considering admission into a Health and Wellness program at Technical College of the Lowcountry. To ensure the health and safety of patients and healthcare providers while enrolled, this person will be required to: participate in a rigorous academic program; be involved in stressful situations on a one-to-one basis; be called upon to work with groups of people in stressful situations; be required to effectively use all sensory organs; engage in activities that require above-average manual dexterity; and be required to be on his/her feet for 4 to 15 consecutive hours at any given time.

Physical Examination Record

Eyes : Corrected vision	Yes	No	Ears: Corrected hearing:	Yes	No
Nose			Abdomen		
Throat			Hernia		
Mouth			Nervous System		
Neck			Skin		
Breasts			Orthopedic		
Lungs			Psychiatric		
Cardiovascular			Other		

Allergies: _____

Limitations/Special Accommodations/Medical Concerns

Please note below any physical, mental, emotional abnormalities, any medications, diseases, and/or medical concerns which might in any way interfere with the student's safety and/or the student's ability to provide safe patient care.

**** Due to course requirements, pregnant students require medical clearance no sooner than 4 weeks prior to clinical externship start.**

_____

_____

_____

Medications

Please list all medications that the student is currently taking. (Attach additional medication sheet if needed.)

Medication	Dosage	Indication

Certification of Health Status

I hereby certify that I have examined _____ and that he/she is physically and emotionally able to be enrolled as a health and wellness student. To the best of my knowledge, on this date, I have determined that he/she is free from any health requirement that is of potential risk to patients or that might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs and substances that may alter the individual's behavior.

Signature of Physician or Certified Nurse Practitioner: _____ Date: _____

Print Name and Title: _____ License No. _____

Street Address: _____

City: _____ State: _____ Zip: _____

All lab reports and medical documents must be included for compliance.

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