CAMBRIDGE NURSING ASSISTANT ACADEMY

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Health Clearance Form

TUBERCULIN SKIN TEST

Prior History: Positive_____ Negative_____ Date:_____

Applicants with history of negative skin test 12 months or longer require a new skin test Date administered: _____ Date read: _____ Positive___ Negative____ size:____ mm	Applicants with history of positive skin test: Date of chest x-ray:_____ Tuberculosis cleared yes____ no ___ Symptom screen (To be completed by applicant): 1. Productive cough of more than 2weeks duration yes no 2. Brings up sputum everyday for 1week or more yes no 3. Blood present in sputum yes no 4. Chronic feeling of fatigue of more than 2week Duration yes no 5. Low grade fever for more than 1 week duration yes no 6. Night sweats yes no 7. Unexplained weight loss of 8 pound or more yes no 8. Loss of appetite yes no

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TETANUS
Previous Tetanus immunization within 10 years: yes___ no____
If no, immunization indicated: Accepted _____ Declined____ Other_____

MMR
Previous MMR immunization: yes___ no____
If no, immunization indicated: Accepted _____ Declined____Other_____

VARICELLA
Previous history of Varicella: yes___ no___
Previous varicella immunization: yes___ no____
If no, immunization indicated: Accepted _____ Declined_____Other_____

HEPATITIS B VACCINATION
Previous Hepatitis B Vaccination yes___ No____
HBV: 1ST dose date_____ 2nd dose: _____ 3rd Dose date_____ declined : _____

Applicant is fit to train/work as a certified nursing assistant: yes ____ no _____ other_____

_____ _____
MD, PA, NP, RN name /title MD, PA, NP, RN signature/date