TB and Physical Form

Trident School for CNA (714) 507-8270

Name of the Patient _____ Birthday ___ /___ /_____ Sex _____
(mm/ dd / yyyy)

Patient's Phone Number _____ And Email Address _____

Patient's Street Address _____ City _____

State _____ Zip Code _____

Have you had a serious illness, injury, or surgery? If so, Describe _____

TO BE COMPLETED BY EXAMINING PHYSICIAN (MD) / NURSE PRACTITIONER, OR PA

1. Current Complaints or disabilities pertinent to the student's education for CNA (Certified Nurse Assistant or CHHA (Certified Home Health Aide) _____
2. Medication used: Prescription/ Over the counter (use back of this form if necessary)

   Medication Name Reason for Using It

   _____ _____
3. Significant Medical History such as: Major Illness(es), Accident(s), Deformities, Surgeries, Back Problems, Hepatitis, Tuberculosis, and etc._____
4. Examination, Comments and Findings: Done by Doctor / PA.
   a) Normal Physical. Patient is able to participate in class and Physical Activities. _YES_
5. Statement done by the Examining Physician/PA: The above-named Patient has NO Communicable, or Disabling Disease or any Health Condition that would create a hazard to herself/himself, fellow Employees, visitors, or patients at this time. She/he is able to perform the Physical Activities Required for the program to which the individual is applying for.

Medical Examiner's Name _____ Phone Number (___) _____-_____ Ext _____

Address _____ City _____

State _____ Zip Code _____

Signature of Examining Physician (MD), NP, or PA _____

Statement of Patient/Student:

I, _____ gave permission to release a copy of this form to affiliating Clinical or School Facility.

Patient/Student Signature _____

Required screening for Tuberculosis:

Date Given ____ /____ /_____ Date Read ___ /___ /_____ PPD Result _____
(mm/ dd / yyyy) (mm/ dd / yyyy)

IMPORTANT: If PPD has a Positive result reading, a Chest X-Ray is Required.

Date Taken ____ /____ /_____ X-Ray Result _____
(mm/ dd / yyyy)

IMPORTANT: The Doctor's Report must accompany all Chest X-Ray results.

Facility Stamp for Examiner **Facility Stamp for TB or Chest X-Ray**

If NO Doctor, you may walk-in at the following Clinic: Exer Urgent Care, 4200 E. PCH. Long Beach CA, Clinic Phone Number: (562) 661-9100; https://exerurgentcare.com/locations_blue/long-beach/

Charges: for **Skin TB Test $50.00, Physical $85.00**