



**MEDICAL EVALUATION / PHYSICAL EXAMINATION
FORM- PART 1 OF 2**

PART I: To be completed by student

CHECK THE BOX FOR THE APPROPRIATE NURSING/ ALLIED HEALTH PROGRAM			
<input type="checkbox"/> Nursing Assistant			
STUDENT INFORMATION			
Last Name	First Name	MI	Maiden
Address	City	State	Zip Code
Email	Birth date	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
PERSON TO NOTIFY IN CASE OF EMERGENCY			
Full Name		Relationship	
Address	City	State	Zip Code
Phone (Home)	Phone (Work)	Phone (Cell)	
HEALTH HISTORY			
Rate your current health status: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Allergies: Medications?: <input type="checkbox"/> No <input type="checkbox"/> Yes-List medication and reaction			
Latex allergy?: <input type="checkbox"/> No <input type="checkbox"/> Yes Food allergy?: <input type="checkbox"/> No <input type="checkbox"/> Yes - List food(s)/reaction _____			
Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes-Due Date? Are you seeing an OB/GYN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any lifting, pushing, pulling, bending, or twisting restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please explain: _____			
ESSENTIAL TECHNICAL STANDARDS			
<p>The attendance requirements and stamina demand require the Nursing Assistant and Allied Health students to be in good physical and mental health. In the interest of the student's personal safety and the safety of patients and clients, and other healthcare workers, students must meet, with or without reasonable accommodation, the <i>Essential Technical Standards</i> before admission into the program is finalized. Students are required to complete a self-assessment of their capability to meet these standards. Please read the <i>Essential Technical Standards</i> carefully, and initial each technical standard, only if you can comply with the standard. Students must present a completed copy of the <i>Essential Technical Standards</i> to their Healthcare Provider for review at the time of their physical examination. When complete, please sign, date and upload it into your Electronic Profile. If a student cannot meet one or more of the standards, they must meet with the Director of the Program for which they have applied to discuss reasonable accommodations.</p> <p>Do you have any conditions that would interfere with your ability to perform the <i>Essential Technical Standards</i>? <input type="checkbox"/> No <input type="checkbox"/> Yes "If yes, please explain:</p>			
<p>The information provided is true and correct to the best of my knowledge. I am aware that ANY change in my physical or mental health status, including pregnancy and/or medication use must be immediately reported to the Director of the Nursing or Allied Health Program to which I am assigned. Chicago Community Learning Center has my permission to release these test results to the clinical education agencies to which I am assigned. My Healthcare Provider may release health related information to the Director of the Program in which I am enrolled.</p>			
STUDENT SIGNATURE: _____ DATE: _____			

ESSENTIAL TECHNICAL STANDARDS			
PART I (CON'T): To be completed by student. Initial ONLY if you can comply with the standard.			
Requirements	Standards	Examples	Student's Initials
Mobility	Physical ability, flexibility, strength, and stamina	<ul style="list-style-type: none"> • Various abilities for long periods of time, including standing, walking, bending, flexing, twisting, kneeling, reaching overhead above shoulders • Pushing, pulling, lifting and carrying a minimum of 35 pounds • Assist patients with repositioning, transfers, and/ or transport • Move quickly to respond to emergencies 	
Motor Skills	Coordination and dexterity	<ul style="list-style-type: none"> • Gross and fine motor skills are sufficient to perform patient care and procedures such as manipulate medical equipment and accessories, knobs, buttons, computers, and keyboards. 	
Visual	Use of sight	<ul style="list-style-type: none"> • Visual skills, depth perception, color identification necessary to perform assessments, including signs and symptoms; read body /facial expressions; read and interpret written words 	
Hearing	Use of auditory sense	<ul style="list-style-type: none"> • Ability to hear and interpret environmental noises, including verbal orders, equipment and fire alarms, cries for help, elements of physical assessment 	
Tactile	Use of touch	<ul style="list-style-type: none"> • Ability to sense heat, cold, pain, pressure 	
Communication	Use the English language effectively by means of speech, reading, and writing. Demonstrate sensitive and effective interactions with patients, families, and health care team	<ul style="list-style-type: none"> • Accurately elicit, interpret, and convey medical and other info using verbal, nonverbal, written, assisted (TTY) and/or electronic devices • Effectively communicate with individuals and teams • Determine a deeper meaning or significance in what is being expressed • Connect with others to sense and stimulate reactions 	
Acquire Knowledge	Ability to possess clinical inquiry, seek resources of knowledge, and become a life-long learner	<ul style="list-style-type: none"> • Demonstrate curiosity while learning • Acquire, conceptualize and use evidence-based information • Develop solutions and responses beyond memorization 	
Clinical Judgment	Ability to critical think, solve problems and make decisions Intellectual and conceptual abilities	<ul style="list-style-type: none"> • Accomplish, direct, and interpret assessment of persons, families and/ or communities • Develop, implement and evaluate plans of care or direct the development, implementation and evaluation of care 	
Professional Attitude	- Demonstrate concern for others, integrity, ethical conduct, interest, motivation, and accountability. Acquire interpersonal skills for professional circumstances interactions with diverse individuals, families, and health care teams Emotional and mental stability	<ul style="list-style-type: none"> • Maintain effective, mature, and sensitive relationships with clients/patients, students, faculty, staff and other professionals under all • Function effectively under stress and adapt to changing environments • Operate in different cultural settings • Work productively, drive engagement, and demonstrate presence as a member of a team 	

Student's Printed Name

Student's Signature

Date

For Office Use Only
 Reviewed by:
 Date:
 Comment:



MEDICAL EVALUATION/ PHYSICAL EXAMINATION FORM- PART 2 OF 2

Student Signature: _____ DOB _____ Date: _____
 Chicago Community Learning Center has my permission to release these test results to the clinical education agencies to which I am assigned.

PART II: To be completed by Healthcare Provider

Height	Weight	HR	BP
in. cm	lbs. kgs		/
Hearing and Vision	Right	Left	Comments
Is conversation hearing normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual Acuity	20/	20/	
Check the appropriate response:			Significant Findings/ Comments
	Normal	Abnormal	Not Examined
Skin			
EENT & Mouth			
Neurological			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Spine			
1. If health conditions/pregnancy <i>are</i> present, does pregnancy or other health conditions create a limitation for the student participating in physical activities in the clinical <i>area</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify limitations:			
2. Does your examination reveal any infectious process? <input type="checkbox"/> No <input type="checkbox"/> Yes			
3. List all current medication(s) (include Rx, OTC, herbal/vitamins)		Please List:	
4. Existing Medical Conditions?		<input type="checkbox"/> No <input type="checkbox"/> Yes - please list:	
Health Care Provider Information			
Print Name:		Signature:	
Address:		City	State Zip Code
Telephone: ()		Date:	



Must be completed and turned in as part of the CNA application package. The QuantiFERON Gold-TB test can be administered through a personal physician or the Cook County Health Department.

First Name	Last Name	Date of Birth
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Have you ever had a positive TB test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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QuantiFERON-TB Test results will only be kept on file and counted toward meeting this requirement one year from the date first given in QuantiFERON-TB test step 1 below:

QuantiFERON Gold: _____ Date Performed: _____

Results: _____

****If you have a QuantiFERON-TB test within last 6 months you may submit those results****

<p>Health Care Provider Stamp Here</p>
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