

Physical Form

Print this document (or any TB or physical form) and bring it to the doctor with you. If you have TB & Physical on first day your class will cost \$900. If you do NOT have TB & Physical on first day, your class will cost \$1000 and you will get your TB & Physical with Med Ed.

Student Name: _____ Date: ____/____/____

Blood Pressure: _____ Weight: _____ Height: _____

Applicants Physical History (circle yes or no below):

1. Have you ever had an injury to your back? YES NO

If yes, what: _____

2. Any back surgery/treated for back issues? YES NO

If yes, what: _____

3. Have you ever had any other injuries? YES NO

If yes, what: _____

4. Do you have any physical defects or diseases? YES NO

If yes, what: _____

5. Do you have any hearing or speech defects? YES NO

If yes, what: _____

I understand that misrepresentation of facts above or on this form may be reason for dismissal.

Student Signature: _____ Date: ____/____/____

For Health Care Personnel

Health care personnel statement: I find this person capable of physically performing the duties related to nurse aide training. Student must be aware of those duties that they can or cannot do.

Person Doing Physical: _____

Date of Exam: ____/____/____

Notes: _____

TB Form

Student Name: _____

Date Given: ____/____/____ RFA/LFA

Person administering TB test: _____

Notes: _____

Date Read: ____/____/____ RFA/LFA

Results of TB test: _____

Person reading TB test: _____

Notes: _____

Please provide student with a copy of this form and fax a copy to Med Ed, Inc. at (800) 861-2030.