SacMed Training, LLC
3443 Ramona Avenue, Suite 25
Sacramento, CA 95826
Tel: 916-226-5427
Email: admin@sacmedtraining.com
www.sacmedtraining.com

Instructions:

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1. Request a standard physical from your Doctor certifying that you can perform CNA work and to clear you to participate in our program. Doctor or certified medical professional (MD, PA, NP) need to fill out Physical Examination form.

2. Request for the Mantoux PPD test or TB test. This test is required as a condition of being accepted in the NA program. For positive TB test result a chest x-ray will be needed for proof of TB inactivity.

3. Tuberculosis Assessment and History and Physical forms are for you to complete.

4. Request document of proof that Flu Vaccination was received. (FLU SEASON ONLY)

Important Students that are pregnant must have a Doctor's note stating that they are cleared to participate in the program "**without any restrictions."**

Paperwork is due 1 week before your start date. If an extension is needed please contact the office for details.

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History and Physical

Name:_____ Age:_____ Sex:____
Reason for visit: _____
Date of Last Visit: _____
History of Mental illness: _____ Diabetes:_____ TB:_____
Have you had any of the following?

DISEASE OF	Yes	No	DISEASE OF	Yes	No	DISEASE OF	Yes	No
Brain			Genitals			Nephritis		
Eyes			Dizziness			Rheumatism		
Ears			Frequent Colds			Vomiting Blood		
Nose			Fainting Episodes			Diabetes		
Throat			Deafness			Backaches		
Heart			Jaundice			Injuries		
Lungs			Chest Pain			Operations		
Liver			Intestines			Constipation		
Spleen			Gallbladder			Bloody BM		
Bones			Joints			Painful Urination		
Skin			Bladder			Blood in Urine		
Back			Chronic Sinus Prob.			Shortness of Breath		
Couching Blood			Convulsions			Asthma		
Kidneys			Kidney Stones			Hay Fever		
Poor Appetite			High Blood Pressure			Frequent Sore Throat		
Indigestion			Nervous Breakdown			Lymph Nodes		
Bronchitis			Malaria			Chronic Cough		
Palpitations			Rheumatic Fever			Recurrent Nausea		
Pneumonia			Paralysis			Swollen Ankles		
Freq. Headaches			Cancer/Tumors					
Stomach Ulcers			Arthritis					

Other serious illness
(list):_____
Do you hear well? Yes or No (Circle one)
Have you been rejected or discharged from the military because of illness or injury? Yes or No (Circle one)
Have you received any pension, insurance payments or compensation for an injury or illness? Yes or No (Circle one)
Do you have any defect, deformity or disease, which may interfere with your work? Yes or No (Circle one)
State the details of illness, injuries, operations or defects: _____

I certify that the above answers are true, and give the examining physician permission to submit a report to SacMed Training, LLC.

Signature: _____ *Date:* _____

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Physical Examination

Date: _____

Student Name: _____

Height: _____

Weight: _____

B/P: _____

Pulse: _____

General Appearance:_____

H.E.E.N.T: _____

Chest:_____

Heart: Rhythm:_____

Mumurs: _____

Abdomen: Organomegally: _____

Masses: _____

Extremities: _____

Comments:

_____

_____

_____

_____

_____

I have examined this student and have found no condition that appears to prevent him/her from performing the duties and responsibilities of being a nursing assistant. Further, I have found this person to be sufficiently free of disease that would create a hazard to himself/herself, fellow students, or to the residents/patients or visitors of the clinical site.

M.D. Signature:_____ Date:_____

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MANTOUX PPD SKIN TESTING

Name: _____ _____
Date: _____

Please answer the following questions:

Have you had Tuberculosis?	[ ] Yes [ ] No
Has anyone close to you had Tuberculosis?	[ ] Yes [ ] No
Have you ever been exposed to Tuberculosis?	[ ] Yes [ ] No
Have you ever had a reaction to the TB test? Explain	[ ] Yes [ ] No
_____	
Have you had stomach or intestinal surgery?	[ ] Yes [ ] No
Were you born in the Continental United States?	[ ] Yes [ ] No
Have you ever had BCG vaccination for TB?	[ ] Yes [ ] No
How long ago?_____ # years_____	
Are you presently in good health?	[ ] Yes [ ] No
Is your immune system working well?	[ ] Yes [ ] No
Are you taking steroid or cortisone?	[ ] Yes [ ] No
Are you receiving radiation or chemotherapy?	[ ] Yes [ ] No

I understand that this test is required as a condition of being accepted in the NA program and potential side effects which are possible as with any medication have been explained to me. I am currently not pregnant or nursing a baby and I am in good health. I authorize the administration of the Mantoux PPD skin test at this facility and I understand that I must report back for the test site to be examined at the appointed time.

Student Signature_____ Date_____

Test:
Date _____ Lot # _____
Right Arm [ ] Left arm [ ]
Given by: _____

Date Read _____
Results: [ ] Negative [ ] Positive
Induration (mm) _____
Read by_____

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TUBERCULOSIS ASSESSMENT

(For use with students who are PPD positive)

Please complete the following brief questionnaires about your health.

Do you currently have any of the following symptoms?		
Yes	No	
		1. Cough lasting greater than 2 weeks?
		2. Unexplained weight loss?
		3. Loss of appetite?
		4. Unexplained fever?
		5. Night sweats?
		6. Blood tinged sputum production?
		7. Have you ever received BCG vaccine?
		8. What is your country of origin?
		9. Have you lived in any other country within the past 10 years?
		10. Have you been treated for TB?
If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?		
Student Signature		Date

FOR OFFICE USE ONLY			
Was this student referred for further evaluation?	☐	Yes ☐	No
If yes, to whom?	☐	Yes ☐	No
Chest X-Ray?	☐	Yes ☐	No
Medications?	☐	Yes ☐	No
Work Restrictions?	☐	Yes ☐	No
If yes, describe:		Date	