A&E Nursing Skills, LLC

Student Physical Clearance Form
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Student Information

Name: _____
Date of Birth: _____
Program: CNA/STNA Training Cohort

Provider Statement

I have examined the above-named student and confirm that:

- The student is currently **in good physical and mental health** and is **able to safely perform all duties required** of a nursing assistant student in a clinical environment.
- The student is **free of communicable illness** at this time.
- There are **no health-related restrictions** that would prevent participation in classroom, lab, or clinical activities.

Healthcare Provider Name: _____
Credentials: _____
Office/Facility Name: _____
Phone: _____
Signature: _____ **Date:** _____

For School Use Only:
☐ Cleared ☐ Not Cleared ☐ Pending Additional Documentation

A&E Nursing Skills, LLC
Teaching Compassionate Care with Every Skill