A&E NURSING SKILLS, LLC

CNA STUDENT TB SCREENING & PHYSICAL CLEARANCE

2040 E Market St, Suite 3, Akron, OH 44312 | 216-273-6299

Student name: _____ **Date of birth:** _____

Course start date: _____ **Exam date:** _____

1 TB SCREENING

Completed by a licensed healthcare professional. Record the method used and attach lab/radiology reports if applicable.

☐ IGRA blood test ☐ One-step TST ☐ Two-step TST

IGRA: collection date: _____ Result date: _____ ☐ Negative ☐ Positive

TST Step 1 - placed: _____ Read: _____ Induration: _____ mm

TST Step 2 - placed: _____ Read: _____ Induration: _____ mm

TST interpretation: ☐ Negative ☐ Positive

If positive / prior positive: clinical evaluation or chest X-ray documentation (if applicable):

_____

_____

2 PHYSICAL EXAMINATION & CLINICAL CLEARANCE

Assess the student for classroom, skills lab, and supervised clinical participation.

Training involves the following activities, with reasonable accommodations when applicable:

Standing or walking for extended periods; bending; lifting, pushing, or pulling up to 25 lb.

☐ Cleared for participation, including the activities listed above

☐ Cleared with restrictions or accommodations (describe below)

☐ Not cleared at this time; further evaluation is needed

Restrictions / accommodations / follow-up (if applicable):

_____

_____

3 HEALTHCARE PROFESSIONAL VERIFICATION

Printed name / credentials: _____

Practice / facility: _____

Phone: _____ Exam / evaluation date: _____

Signature: _____ Date: _____

Return this form before in-person / clinical training. Do not include unrelated medical history.