



**PHYSICAL REQUIREMENT FORM
(Please Print Clearly)**

The Ohio Department of Health requires you to have a basic Physical Exam. Please have the top box of this form signed by your physician. All physicals must be within 1 year of the start of the program. Physicals older than 1 year will have to be repeated.

Physical Exam

I have examined (name) _____ on (date) _____ and have determined that he/she is able to perform the duties of a Nurse Aide with no limitations.

Physician's Signature

Printed

**Mantoux Tuberculosis (TB) Test
1 Step- (read in 48-72 hours)**

Date Given: _____
Given By: _____
Site: _____
Date Read: _____
Read By: _____
Results: _____

If history of positive TB results,
give chest X-Ray results: ___ Pos ___ Neg

Physician Signature

If a person shows positive for TB, they must be on medication and have a signed release from their doctor to participate in the Nurse Aide Training Program (STNA) classes.

Pre-Class Health Statement

I certify that I am free of any physical limitations, pregnancy limitations, or any other ailments that could prevent me from performing my duties in a satisfactory manner. I release Columbus STNA School from any liability when enrolled in the Nurse Aide Training Program (STNA) classes.

Student's Signature

Date