



Nurse Aid Training Program
Health Requirements Form

Please include copies of immunization records and/or lab results are needed to verify the information listed below when turning in the form.
The following information is mandatory and must be completed prior to admission to program.

Student Name:

School:

MMR Measles/Mumps Rubella
Mantoux TB Skin Test (Required Annually)
Step One Test
Step Two Test
Chicken Pox (Varicella)
Tdap
Hepatitis B
Flu Shot (Oct-May)

Health requirement & policies apply to all students in patient care areas. It is the student's responsibility to submit accurate and timely information. To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.

Student Signature

Date

Education Representative

Date