



**HEALTH EVALUATION for**

Applicant name – please print

**“ALL APPLICANTS MUST SUBMIT A HEALTH STATEMENT FROM THEIR PHYSICIAN INDICATING THEY ARE IN GOOD HEALTH AND ABLE TO SAFELY ENGAGE IN WORK THAT WILL INVOLVE LIFTING. ALL STUDENTS MUST HAVE A NEGATIVE PPD TB SKIN TEST OR CHEST X-RAY PRIOR TO ADMISSION TO THE COURSE. STUDENTS AND INSTRUCTORS WILL MEET ALL HEALTH REQUIREMENTS OF THE LONG TERM CARE FACILITIES WHERE THEY ARE ENGAGED IN CLINICAL FIELD PRACTICUMS.”**

The above statement is the Health Policy of the American Red Cross. For admission to the Nurse Assistant Training Program, please complete the following:

**TO BE FILLED OUT BY APPLICAT:**

1. Are you presently in good health? \_\_\_\_\_ If not, explain \_\_\_\_\_
2. Have you had any serious illness or injury during the past year? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
3. Are you currently taking any medication? \_\_\_\_\_ What and for what reason \_\_\_\_\_
4. Have you even had a back injury? \_\_\_\_\_ What happened and when \_\_\_\_\_
5. Are you pregnant? YES NO

I certify that the above statements are true.

Date

Signature of Applicant



**American  
Red Cross**

**Madison/Marshall County Chapter**  
1101 Washington Street - Huntsville, AL 35801  
(256)536-0084 – [www.redcrossrelief.org](http://www.redcrossrelief.org)

**HEALTH EVALUATION FORM FOR \_\_\_\_\_**

**TO BE FILLED OUT BY PHYSICIAN:**

**TEMPERATURE \_\_\_\_\_**

**BLOOD PRESSURE \_\_\_\_\_**

**HEIGHT \_\_\_\_\_**

**WEIGHT \_\_\_\_\_**

I find this person to be free of any obvious communicable disease and physically able to perform the duties of a nurse assistant.

This individual does not have any medical condition that limits or impairs lifting (scoliosis, pregnancy, osteoporosis, etc) especially the ability to lift 50 or more pounds.

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Date

Signature of Physician or Nurse

Printed name of Office or Health Department