



State Tested Nurse Aide Training
Physical Form

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Name _____ Date of Birth _____

TO THE EXAMINING PHYSICIAN:

Each student participating in the State Tested Nurse Aide Training program is required to successfully pass a complete physical examination and be certified as physically fit to participate. Lorain County JVS Adult Career Center wants to protect the physical well-being of the student.

This objective takes precedence over personal interest or activity needs. Students who fall to meet the physical guidelines (reverse side) should be advised to refrain from participation until the deficiencies are corrected.

Height _____ Weight _____ T _____ P _____ B/P _____

Allergies: Asthma _____ Eczema _____ Other _____

Head: Frequent Headaches _____ Dizziness _____ Other _____

Cardio-Respiratory: Cough _____ SOB _____ HTN _____ Other _____

Diabetes: Hypoglycemia _____ Hyperglycemia _____ Other _____

Bones and Joints: Arthritis _____ Fractures _____ Sprains _____ Other _____

Back Pain: _____

Lower Extremities: Swelling _____ Foot Trouble _____ Sprains _____ Other _____

Neurologic: Metal/Nervous Condition _____ Convulsions _____ Other _____

Pregnancies: Current Status _____

Frequency of Alcohol/Drug/Tobacco use: _____

Current Medications: _____

Current medical of surgical conditions: _____

After review of the medical history and as indicated by the above record I herewith certify that this student has passed the above examination successfully and is physically able to participate in the State Tested Nursing Aide training program.

_____ Full Participation _____ Cannot Participate

Remarks _____

Signature of examining physician

Date of examination