



**Ivy Tech Community College
School of Health Sciences – CNA Program
Health Statement/Physical Form**

Student Name: _____ SS# _____ Date of Birth ___/___/___

Address: _____

Telephone Numbers: Home: _____ - _____ - _____ Work: _____ - _____ - _____

Immunizations and Lab Tests: Clinical affiliates require that students show proof of the following immunizations and laboratory tests. If the physician recommends that a specific immunization or lab test not be given to the applicant, written documentation must be supplied by the physician or nurse practitioner to the College. **Ivy Tech Community College reserves the right to not admit a student to a clinical course if one or more immunizations or lab tests are not completed, unless documentation is attached and signed by the physician or nurse practitioner.**

REQUIRED IMMUNIZATIONS OR LAB TESTS:

Measles (Rubeola), Mumps, Rubella Immunity (MMR):

1. If applicant is born before 1-1-57, they are considered immune. However, medical personnel who are unsure of their immunity should be immunized.
2. If applicant is born after 1-1-57, they should show proof of:
 - * Two doses of measles vaccine or measles contained vaccine are required. Both vaccines must be given after 1967 (the first on or after the first birthday) and the two doses must be separated by at least 30 days.
 - * One dose of mumps and rubella given after first birthday
3. Measles and mumps: documentation by immune titer test or physician-diagnosed disease is acceptable.
4. Rubella: immune titer test is acceptable, but physician-diagnosed disease is not acceptable.

Vaccine	Date of First Vaccine mo/day/yr	A N D	Date of Second Vaccine mo/day/yr	O R	Date of Immune Titer mo/day/yr	O R	Date of Physician-Diagnosed Disease mo/day/yr
MMR		X					
- or -							
Measles		X		X		X	
Mumps				X		X	
Rubella				X			

Tetanus/Diphtheria Booster: Within last 10 years _____
Date _____

NOTE: All titer information must be copied and attached to this form.

TB Test: For health care workers who have not had a documented negative tuberculin skin test in the preceding 12 months, baseline tuberculin skin testing should employ a two-step method (*IAC 16.2 Health Facilities Rules for the State of Indiana*).

Tuberculin Mantoux Test: Lot # _____

First step	_____	_____	_____	_____	_____
	Date Adm.	Adm. by	Date Read	Results (mm)	Read by
Second step	_____	_____	_____	_____	_____
(If first step is negative, second step should be performed in one to three weeks later.)	Date Adm.	Adm. by	Date Read	Results (mm)	Read by

- OR -

Chest X-ray:

_____	_____	_____
Date	Results	Read by

Hepatitis B Vaccine: First dose must be given or declination statement on file by first clinical day.

First Dose _____	Second Dose _____	Third Dose _____	Titer _____	Declined _____
Date	Date	Date	Date	Date

Chicken Pox: Evidence of immunity required.

Titer: _____ Result: _____ Date: _____

Vaccine: _____ Date: _____

Physician-diagnosed disease: _____ Date: _____

I have examined _____ (applicant's name), and find the applicant capable of delivering direct patient care and/or client services in keeping with the essential functions of the program (see attached essential functions).

Name of Physician (PRINT) Physician Signature Date

OR

Name of Board Certified Nurse Practitioner (PRINT) Board Certified Nurse Practitioner Signature Date

I understand that the information on this form or the form itself may be given to clinical affiliate sites as required for institutional accreditation.

Name of Student (PRINT) Student Signature Date

ESSENTIAL FUNCTIONS OF CNA STUDENTS

Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential functions. **Students requesting accommodations to meet these criteria must inform the Program Chair in writing of the need for accommodations at the time of admission to the Nursing program.**

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	SPECIFY NEED FOR ACCOMMODATION	INITIAL TO INDICATE NONE NEEDED
GROSS MOTOR SKILLS	Move within confined spaces Sit and maintain balance Stand and maintain balance Reach above shoulders (e.g., IV poles) Reach below waist (e.g., plug electrical appliance into wall outlets)		
FINE MOTOR SKILLS	Pick up objects with hands Grasp small objects with hands (e.g., IV tubing, pencil) Write with pen or pencil Key/type (e.g., use a computer) Pinch/pick or otherwise work with fingers Twist (e.g., turn objects/knobs using hands) Squeeze with finger		
PHYSICAL ENDURANCE	Stand (e.g., at client side during surgical or therapeutic procedure) Sustain repetitive movements (e.g., CPR) Maintain physical tolerance (e.g., work entire shift)		
PHYSICAL STRENGTH	Push and pull 25 pounds (e.g., position clients) Support 25 pounds (e.g., ambulate client) Lift 25 pounds (e.g., pick up a child, transfer client) Move light objects weighing up to 10 pounds (e.g., IV poles) Move heavy objects weighing from 11 to 50 pounds Defend self against combative client Carry equipment/supplies Use upper body strength (e.g., perform CPR, physically restrain a client) Squeeze with hands (e.g., operate fire extinguisher)		

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	SPECIFY NEED FOR ACCOMODATION	INITIAL TO INDICATE NONE NEEDED
MOBILITY	Twist Bend Stoop/squat Move quickly (e.g., response to emergency) Climb (e.g., ladders/stools/stairs) Walk		
HEARING	Hear normal speaking level sounds (e.g., person-to-person report) Hear faint voices Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes) Hear in situations when not able to see lips (e.g., when masks are used) Hear auditory alarms (e.g., monitors, fire alarms, call bells)		
VISUAL	See objects up to 20 inches away (e.g., information on a computer screen, skin conditions) See objects up to 20 feet away (e.g., client in a room) See objects more than 20 feet away (e.g., client at end of hall) Use depth perception Use peripheral vision Distinguish color intensity (e.g., flushed skin, skin paleness)		
TACTILE	Feel vibrations (e.g., palpate pulses) Detect temperature (e.g., skin, solutions) Feel differences in surface characteristics (e.g., skin turgor, rashes) Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks) Detect environmental temperature (e.g., check for drafts)		
SMELL	Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.) Detect smoke Detect gases or noxious smells		

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	SPECIFY NEED FOR ACCOMODATION	INITIAL TO INDICATE NONE NEEDED
READING	Read and understand written documents (e.g., policies, protocols)		
ARITHMETIC COMPETENCE	Read and understand columns of writing (flow sheet, charts) Read digital displays Read graphic printouts (e.g., EKG) Calibrate equipment Convert numbers to and/or from the Metric System Read graphs (e.g., vital sign sheets) Tell time Measure time (e.g., count duration of contractions, etc.) Count rates (e.g., drips/minute, pulse) Use measuring tools (e.g., thermometer) Read measurement marks (e.g., measurement tapes, scales, etc.) Add, subtract, multiply, and/or divide whole numbers Compute fractions Use calculator Write numbers in records		
EMOTIONAL STABILITY	Establish therapeutic boundaries Provide client with emotional support Adapt to changing environment/stress Deal with the unexpected (e.g., client going bad, crisis) Focus attention on task Monitor own emotions Perform multiple responsibilities concurrently Handle strong emotions (e.g., grief)		

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	SPECIFY NEED FOR ACCOMODATION	INITIAL TO INDICATE NONE NEEDED
ANALYTICAL THINKING	Transfer knowledge from one situation to another Process information Evaluate outcomes Problem solve Prioritize tasks Use long term memory Use short term memory		
CRITICAL THINKING	Identify cause-effect relationships Plan/control activities for others Synthesize knowledge and skills Sequence information		
INTERPERSONAL SKILLS	Negotiate interpersonal conflict Respect differences in clients Establish rapport with clients Establish rapport with co-workers		
COMMUNICATION SKILLS	Explain procedures Give oral reports (e.g., report on client's condition to other) Interact with others (e.g., health care workers) Speak on the telephone Influence people Direct activities of others Convey information through writing (e.g., progress notes)		

*Adapted from Validation Study: Functional Abilities Essential for Nursing Practice, National Council of State Boards of Nursing, Inc. 1996

IVY TECH COMMUNITY COLLEGE – KOKOMO
NURSE AIDE TRAINING COURSE

LIMITED CRIMINAL HISTORY CHECK CONSENT FORM

I understand that if I am accepted into the Nursing Assistant Training course, that a Criminal Check will be obtained through the Indiana State Police Department and give Ivy Tech Community College all right to access to any and all information obtained in the course of such investigation.

I understand that if I fail to pass the Limited Criminal History Check, I cannot participate in the Certified Nursing Assistant Course at Ivy Tech Community College.

I understand that all applicants will be checked through the Indiana State Department of Health list for those who have been barred from working in the State of Indiana as a Certified Nursing Assistant.

Printed Name

Social Security Number

Signature

Date