



Statement of Good Health

It is a State regulation that all employees of nursing homes in Kansas have a current work physical on file with their employers. All nurse aide and medication aide students must comply with this regulation.

The physical exam must be completed and a copy must be on file in the Allied Health Office at Butler Community College by **THE FIRST DAY OF CLASS**.

Name of Student _____

Date _____ Butler Student ID# _____

Address _____

City _____ State _____ Zip Code _____

Enrolled in (check one): CNA____ CMA ____ Course Site _____

PHYSICIAN'S STATEMENT

I have this date examined the above person. I find no evidence of mental or physical illness nor evidence of communicable disease, back problems or other orthopedic problems. This person has no lifting restrictions.

Signature: _____ Date: _____

Printed name, address of physician: _____

Phone: _____

TB skin test (PPD) and/or chest x-ray to rule out Tuberculosis is required. The two step TB test is recommended when doing initial testing. The student may participate in clinical after the first test if it is negative with follow-through on second testing. The test/s must be documented by a physician, their office personnel, or a health department representative. Students are not authorized to complete this form.

	Date given	Given by	Date read	Read by	Mm induration Required	Circle one
Intradermal PPD only						Significant Non-significant
Intradermal PPD						Significant Non-significant