



**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 <b>Required</b>	Circle one
Intradermal PPD only						Significant Non-significant
Intradermal PPD						Significant Non-significant