

OWENS COMMUNITY COLLEGE
School of Nursing & Health Professions NURSE
ASSISTANT TRAINING PROGRAM
PRE-ATTENDANCE HEALTH REQUIREMENTS

Name _____

Date of Birth _____

Physician Name & Address _____

Tuberculosis

NOTE: Tine test is NOT accepted. CT scans are NOT accepted. Your PPD test, blood test or chest Xray must not be more than 12 months old .

QuantiFERON/IGRA are accepted. Results _____

STEP 1

PPD 0.1 ml ID

READ in 48 – 72 Hours

Date Administered _____

Signature _____

Date Read _____

Results _____

Signature _____

STEP 2

PPD 0.1 ml ID

READ in 48 – 72 Hours

Date Administered _____

Signature _____

Date Read _____

Results _____

Signature _____

Any student who has a positive Mantoux must have a Chest x-ray and be given medical clearance before beginning class.

CXR Date _____ Attach copy of interpretation.

Absence of Active Disease Yes _____

* **No.** Please Explain:
