



NEW LONDON

ADULT & CONTINUING EDUCATION

SHAW'S COVE THREE, NEW LONDON CT 06320 | 860-437-2385

Today's date: _____

Patient Name: _____ Date of birth: _____

- ◆ Both seasonal/current vaccines MUST be completed prior to the start of class. * Attach record.

Flu Vaccine Date: _____ **Covid Vaccine Date:** _____

- ◆ Need one of the following Negative TB Reports:

1. TB Skin Test Date planted: _____

Date read: _____ Positive _____ Negative _____

2. TB Blood Test QuantiFERON Date: _____ Positive _____ Negative _____

*Enclose copy of lab results

3. Chest X-RAY Date: _____ Normal _____ Abnormal _____

* Enclose copy of the USA CXR report

- ◆ Must include health documentation:

1. Does the patient have any joint injuries or are they undergoing any treatment or therapy for joint injuries? Yes _____ No _____

2. Is the patient able to lift 50 pounds? Yes _____ No _____

3. Is there any reason that this person would not be able to care for patients doing the work of a Certified Nursing Assistant? Yes _____ No _____ Please attach any explanation.

Health Care Provider Name: _____

Signature: _____

License Number: _____

Notes: Any cost associated with having this form completed is the applicant's responsibility. Completion of this form does not guarantee admission to the CNA training program.