SANTA ROSA JUNIOR COLLEGE

Nursing Assistant Training Program (NATP)

CNA HEALTH EVALUATION PACKET

Student Health & Clinical Eligibility Documentation

STUDENT INFORMATION

Student Name (Last, First, MI):	SRJC ID #:
Birthdate:	Gender (optional):
Address:	City / State / ZIP:
Home Phone:	Mobile Phone:
Month/Year of First Clinical Rotation:	Email:
Emergency Contact Name:	Emergency Contact Phone:

STUDENT RESPONSIBILITIES

☐ Submit this completed Health Evaluation, required TB documentation, and CPR documentation by the due date provided by the CNA Program.

☐ Maintain copies of all documents submitted. The program does not make copies for students or provide replacement copies.

☐ Meet all health and clinical-site requirements before participating in clinical practice.

Important: This packet is intended to be submitted complete. Missing documentation may prevent clinical clearance.

TO THE EXAMINING HEALTH CARE PROVIDER

The physical examination must be completed within three (3) months prior to the student's first clinical day. Please evaluate the student in relation to the CNA Technical Standards and indicate whether the student can safely participate in classroom, laboratory, and clinical activities, with or without reasonable accommodation.

CNA TECHNICAL STANDARDS

The curriculum leading to Nursing Assistant Certification requires students to engage in diverse, complex, and specific experiences essential to acquiring and practicing CNA skills. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required. These standards are representative and are not an exhaustive list.

Cognitive & Clinical Skills

- Participate in classroom, clinical, and laboratory discussions and learning activities.
- Solve problems within reasonable time frames in complex environments.
- Accurately complete data collection, including vital signs, skin inspection, intake/output, measurements, and resident complaints.
- Exercise good judgment and adapt to unexpected changes and stressful situations.

Mobility & Patient Care

- Move safely around the skills lab, patient rooms, and clinical settings.
- Assemble and transport equipment and supplies.
- Assist residents with mobility and ambulation.
- Safely transfer residents among beds, chairs, toilets, wheelchairs, and commodes.
- Assist residents with hygiene, feeding, transfers, dressing, and grooming.
- Carry out delegated duties and provide nursing care in a timely and safe manner, including life-saving interventions within training.

Communication & Professional Conduct

- Communicate clearly and accurately with residents, caregivers, family members, and healthcare personnel.
- Develop therapeutic resident and family relationships.
- Establish professional relationships with faculty, students, affiliating-agency staff, and community members.
- Express feelings and ideas professionally and provide and accept feedback respectfully.
- Empathize with others while maintaining appropriate objectivity and self-control during difficult situations.

Documentation

- Accurately document patient/resident care on paper and in the electronic health record in a timely manner.

REPORT OF PHYSICAL EXAMINATION

To the examining health care provider: Please complete this section after performing an appropriate history and physical examination. The examination must be completed within three (3) months prior to the student's first clinical day.

Student Name: _____

Date of Examination: _____

PROVIDER DETERMINATION

☐ The student meets the physical and mental requirements listed in the CNA Technical Standards.

☐ The student can meet the requirements with reasonable accommodation.

☐ Additional evaluation or information is needed before a determination can be made.

Comments / additional information, if needed:

HEALTH CARE PROVIDER

Provider Name / Credentials: Phone:

Practice / Facility: Fax (if applicable):

Address: City / State / ZIP:

Provider Signature: _____ **Date:** _____

OFFICE STAMP

REASONABLE ACCOMMODATION

Qualified students with disabilities may request reasonable accommodation. Accommodations are determined through the SRJC Disability Resources process and must allow the student to meet essential program and clinical requirements safely.

SRJC Disability Resources: (707) 527-4278 • drd.santarosa.edu

REASONABLE ACCOMMODATION ACKNOWLEDGMENT

I have reviewed the CNA Technical Standards and understand that successful participation in the program requires the abilities described in that document.

☐ I can meet the technical standards without reasonable accommodation.

☐ I believe I may need reasonable accommodation and will contact SRJC Disability Resources to discuss my needs.

ACCOMMODATION INFORMATION

Students do not need to disclose a diagnosis on this form. Accommodation eligibility and specific accommodations are determined through the SRJC Disability Resources process.

Brief description of accommodation need, if desired:

Student Name: Date:

Student Signature:

DISABILITY RESOURCES

SRJC Disability Resources • (707) 527-4278 • drd.santarosa.edu

TUBERCULOSIS (TB) DOCUMENTATION

Submit documentation of TB screening completed within one year prior to the program start date. If TB screening is positive, submit the required follow-up/clearance documentation.

TB SCREENING

TB screening date: _____

TB screening method: ☐ TB skin test (TST/PPD) ☐ TB blood test (IGRA, e.g., QuantiFERON-TB Gold) ☐ Other: _____

Documentation attached: ☐ Yes

CPR DOCUMENTATION

Submit current Health Care Provider CPR documentation as required by the CNA Program.

CPR documentation attached: ☐ Yes

CLINICAL-SITE REQUIREMENTS

Clinical facilities may have additional requirements for students assigned to their site. The CNA Program will communicate any additional requirements and deadlines to the cohort.

Additional documentation required for this cohort/site: _____

This page intentionally does not list MMR, Hepatitis B, or other vaccinations that are not CNA Program requirements.

STUDENT SUBMISSION CHECKLIST

This checklist is for the student's use before submitting the packet. The Health Evaluation packet should be complete when submitted.

☐ Completed and signed Report of Physical Examination

☐ Physical examination completed within three (3) months prior to the first clinical day

☐ TB screening documentation completed within one year prior to the program start date

☐ Current Health Care Provider CPR documentation

☐ Any additional documentation specifically required by the assigned clinical site

PROGRAM USE ONLY

Date Received: Received By:

Physical Exam Complete: TB Documentation Complete:

CPR Complete: Clinical Clearance Status:

Date Cleared:

Notes / Follow-up Needed:

STUDENT ACKNOWLEDGMENT

I understand that I am responsible for submitting complete and current health documentation by the deadline provided by the CNA Program and for maintaining copies of documents submitted.

Student Signature: _____ **Date:** _____