

WESTMORELAND COUNTY COMMUNITY COLLEGE
CENTRAL STERILE PROCESSING TECHNICIAN PROGRAM
HEALTH EXAMINATION AND TB TEST FORM

Student Name: _____

Address: _____

Phone Number: _____ Birthdate: _____

Yes **No** The above named individual was examined and has been determined to be free of communicable disease and is in a non-communicable state.

Yes **No** The above named individual has full use of his/her hands, the ability to stand for extensive periods of time, and the ability to perform bending, pushing, pulling, and lifting a minimum of 40 pounds without restrictions.

Yes **No** Applicant is free from any restriction or limitations. If no, briefly explain the restriction limitation.

To be completed by health care provider:

Two-step Tuberculin Test-PPD required	
Date Administered: _____	Date Read: _____
Results: _____	Read By: _____
<small>(PPD reading: 48-72 hours after administration. Second PPD is to administered one (1) week after first PPD is <u>read</u> but no longer than 21 days)</small>	
Date Administered: _____	Date Read: _____

Results: _____ **Read By:** _____

If a QuantiFeron®TB Gold or chest x-ray was obtained, a copy of the results are attached.

Provider Signature: _____
(Examining physician, physician's assistant or nurse practitioner)

Provider Address: _____

Phone: _____ Date: _____