

TUBERCULOSIS AND CHICKENPOX FORM

Dear Physician,

In order for a student to participate in a hospital based certified nursing assistant program, we must have documentation of the following:

Tuberculosis-

Students must have a two-step Mantoux, tuberculosis skin test. Please document the date and results of each test.

TB step one-

Date given_____ Results of step one_____

TB step two-

Date given_____ Results of step two_____

Chickenpox-

If the student has had chickenpox it must be documented below by a physician. If the student instead received the required two chickenpox vaccines, please indicate the date of each test. Please sign the correct line.

Student had chickenpox _____

Or

The student received the chickenpox vaccines: Dates _____

Physician Signature