

**Nurse Aide II
Medical Form**

Name: _____ SS# _____

Immunizations		Date
Rubella (Exempt if 50 years old)		
Hepatitis B Inoculation (first shot) or sign the Release below		
Medical Tests	Results (Negative/Positive)	Date
TB Skin Test (within 6 months)		
Current Tetanus (current)	N/A	

Physician/Nurse Signature: _____

Health Agency: _____ Telephone: _____

Release for Hepatitis B Inoculation

I understand that during my occupational training/educational experience, I will be exposed to blood or other infectious materials and am at risk of acquiring Hepatitis B Virus (HBV) infection.

Realizing the importance of receiving inoculations against Hepatitis B (HBV), I do not wish to be inoculated at this time. I hereby release Blue Ridge Community College and its representatives from all liability should I at any time be exposed to and/or contract the Hepatitis B Virus (HBV).

Signed: _____

Date: _____ Witness: _____

Y= Yes N=No

- 1 Have you successfully completed a Nursing Assistant I Training Program? _____
- 2 Are you currently listed on the North Carolina Nurse Aide I Registry with the Division of Facility Services in Raleigh? _____
- 3 Do you have a High School Diploma or GED? _____
- 4 Are you currently or have you ever been on any type of chemotherapy medications?
If yes, please briefly explain:

Signature

Date

By my signature I declare the registration and above information are correct