**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**

1. **Date Administered: _____ Date Read: _____**

   **Results: _____ Read By: _____**

**(PPD reading: 48-72 hours after administration. Second PPD is to administered one (1) week after first PPD is read but no longer than 21 days)**

2. **Date Administered: _____ Date Read: _____**

   **Results: _____ Read By: _____**

3. **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: _____