

NORTH IOWA AREA COMMUNITY COLLEGE CERTIFIED NURSE AIDE COURSE HEALTH HISTORY

Stu	dent's Name: Last	First		Middle							
Add	lress: No. & Street		City		State	, 		Zip			
Tel	ephone No.: ()		·	of Birth: _		/					
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on and rigorreq	MEDICAL HISTORY: This section is to be completed AND signed by the student in the shaded area indicated below. Please answer all questions. Comment on all positive answers, including the year of occurrence. If there is a change in the physical status, the student is responsible for notifying instructors and the Long Term Care Health Program Manager. Please note essential function requirements: The student will be required to achieve in a very rigorous academic program; involved in very stressful situations on a one-to-one basis; called upon to work with groups of people in stressful situations; required to communicate effectively; required to have visual acuity to distinguish anatomical structures and distinguish minor variations in color; required to use tactile sensations to palpate anatomical structures and distinguish variations in skin temperature, engaged in activities which require above average manual dexterity; expected to lift, pull/push up to 50 pounds, required to be on his/her feet for extended periods of time.										
	Have you had/or currently have:	Yes	No			(Comm	ents			
1.	Hay Fever, Asthma										
2.	Ear, Nose, Throat Trouble										
3.	Psychological or Emotional Disorder										
4.	Convulsive Disorder										
5.	Weakness, Paralysis										
6.	Disease or Injury of Joints										
7.	Back Problems										
8.	Has your physical activity been restricted during the past five years? (Give reasons and durations)										
9.	Have you had any serious illness or injury or been hospitalized other than already noted? (Give details)										
10.	Have you had or are you a carrier of any infectious disease? If yes, provide a statement from physician under what conditions you can participate.										
11.	Allergies/medications or others (e.g. latex):										
List	Current Medications:		<u>I</u>	I							
Stu	dent Signature:			Date	o:						