Authorized by the
Tennessee Higher
Education Commission

Matrix
Medical Training Centers

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Cleveland, TN 37311
(423) 614-3838

HEALTH EVALUATION

All applicants must submit a health evaluation form before beginning class. All students must meet all minimum health requirements of the facilities where they are assigned for clinical practicums. No physical limitations are allowed during clinical rotations and will result in absences of that class session.

TO BE COMPLETED BY STUDENT:

1. Are you presently in good health? YES NO
   (If you answered NO please explain on the back of this form – use additional pages if needed)

2. Have you had any serious illness or injury in the past 12 months? YES NO
   (If you answered YESs please explain on the back of this form – use additional pages if needed)

3. Are you currently taking any medications? YES NO
   (If you answered YES please explain on the back of this form – use additional pages if needed. Any prescribed narcotics will require proof that the narcotic is prescribed to the student.)

4. Have you ever had a back injury? YES NO
   (If you answered YES please explain on the back of this form – use additional pages if needed. Please understand both CNA and phlebotomy work can cause potential back strain.)

I certify that the above statements are true and correct.

_____ _____
Student Signature Date

This portion to be completed by nurse, physician, EMT/paramedic or other qualifying healthcare personnel indicating the student is in overall acceptable health and able to safely engage in work that will involve lifting/physical exertion.

Student Temperature _____ Student Pulse _____
Student Blood Pressure _____ Student Height _____
Student Weight _____

Are there any apparent physical limitations noted?

_____ _____
Signature of Person Completing Physical Date