



The Rapha School, LLC
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NURSES AIDE (CNA) PHYSICAL FORM

Student Name _____

Date _____

A copy of the physical demands and working conditions of this position has been included with this form to assist you in your evaluation of this student.

Please complete the following information for this student.

- | | | |
|--|-----------|----------|
| Student is able to lift and carry up to 50 lbs. | Yes _____ | No _____ |
| Student is able to walk for extended periods of time. | Yes _____ | No _____ |
| Student is able to sit for extended periods of time. | Yes _____ | No _____ |
| Student is able to bend frequently. | Yes _____ | No _____ |
| Student is able to occasionally push carts weighing up to 100 lbs. | Yes _____ | No _____ |
| Student is free of communicable diseases in the communicable stage | Yes _____ | No _____ |
| Negative 2-step Mantoux if performed by you | Yes _____ | No _____ |

Please provide any additional information that will assist us in our assessment of whether this student could perform his/her job according to the attached job description.

Please sign below:

Date _____

Physician/CRNP/PA