San Diego Continuing Education
Home Health Aide Application

Students must provide the following documentation to be eligible to attend the Home Health Aide class (HLTH 606). Documentation is required per the regulations of the California Department of Public Health and/or San Diego Continuing Education’s clinical sites, and must be provided prior to enrollment. Students may access and print forms at sdce.edu and forms should be submitted in-person as explained below.

1. This application must be completed and students must attach a current California Nurse Assistant Certification or evidence that both the manual and written portion of the California Certification exam has been recently passed and the student has approval by the California Department of Public Health to work as a Certified Nurse Assistant. Important: Proof must be attached to this application.

2. Confirmation of Tuberculosis Test form (Test must be negative and must have been completed within 90 days of the first day of class. If students have a history of a positive skin test, alternate documentation will be accepted as explained on the form.)

3. Medical History and Physical form (Physical examination must have been completed within one year of the last day of class.)

STUDENT SECTION  Please print clearly.

Full name __________________________ Date of birth __________ Age 18 or older?  ☐ Yes  ☐ No

Full mailing address __________________________________________________________

Daytime telephone __________________________ Alternate telephone __________________________

E-mail __________________________ ☐ Male  ☐ Female

Did you attend Nursing Assistant Training class (HLTH 605) at San Diego Continuing Education?  ☐ Yes  ☐ No

If yes, which semester did you attend?  ☐ Spring  ☐ Summer  ☐ Fall

If yes, what year did you attend? __________ When did you attend class?  ☐ AM  ☐ Noon  ☐ PM

Remember to attach a copy of your current California Nursing Assistant (CNA) license (or the State Board Exam results demonstrating a passing result in both writing and skills).

Return completed application, attachment, and required health forms in-person to Cesar E. Chavez Campus, 1901 Main St., San Diego, Room 102. The campus office is open Monday-Thursday from 7:30 a.m. to 6:45 p.m. and Friday 8:00 a.m. to 5:00 p.m..

Forms are reviewed for accuracy and completeness on a first-come, first-served basis. Provisional acceptance into the class is given when forms are approved and accepted. However, official registration is not completed until the first day of class.

OFFICE SECTION

Date received __________ time ____________ staff initials ________

Rev 8/19/2016
San Diego Continuing Education
Medical History and Physical Examination

Students must complete this form as part of the application process to enroll in the Home Health Aide class (HLTH 606). Note: You must have a physical exam completed within one year of the last day of class.

STUDENT SECTION  Please print clearly.

Full name __________________________ Date of birth ___________ Age 18 or older? □ Yes □ No
Full mailing address _____________________________________________________________
Daytime telephone _______ Alternate telephone _______ E-mail __________________________
□ Male □ Female

PROVIDER SECTION  Please print clearly. The student section above must be complete and accurate before you complete and sign this section. A provider’s business stamp is required in this section.

Allergies __________________________ Present medications __________________________

Vital signs: HT _________ WT _______ T _________ P _________ R _________ BP __________

Vision __________________________ Hearing __________________________

(N) Normal (A) Abnormal

( ) Skin ( ) Throat ( ) Abdomen
( ) Head/face ( ) Neck/nodes ( ) Liver
( ) Eyes ( ) Chest ( ) Back
( ) Ears ( ) Heart ( ) Kidney
( ) Nose ( ) Lungs ( ) Extremities
( ) Mouth ( ) Breast/Axilla ( ) Neurological

Does the individual named above have any health condition that would create a hazard to herself/himself, fellow employees, fellow students, visitors, or patients? □ Yes □ No
If yes, explain______________________________________________________________

Does the individual named above have a back problem that would restrict moving or lifting patients?
□ Yes □ No
If yes, explain______________________________________________________________

Provider printed name __________________________ Date __________ Fee paid __________
Provider signature __________________________ Provider stamp __________________________
Provider full mailing address __________________________ Provider telephone __________

Return completed form with application in-person to Cesar E. Chavez Campus, 1901 Main St., San Diego, Room 102. Forms are reviewed for accuracy and completeness on a first-come, first-served basis. Provisional acceptance into the class is given when forms are approved and accepted. However, official registration is not completed until the first day of class.

OFFICE SECTION

Date received ____________ time ____________ staff initials __________

Rev 8/19/2016
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Confirmation of Tuberculosis Test

Students must complete this form as part of the application process to enroll in the Home Health Aide class (HLTH 606). Enrollment is on a first-come, first-served basis. Official registration is not complete until you are given a class code and register on a campus computer. Please note that you must have confirmation of a negative skin test within 90 days of the first day of class or an alternative screening explained below.

STUDENT SECTION Please print clearly.

Full name __________________________ Date of birth ________________ Age 18 or older? □ Yes □ No

Full mailing address __________________________

Daytime telephone __________________________ Alternate telephone __________________________

E-mail __________________________

INSTRUCTIONS FOR TUBERCULOSIS (TB) SCREENING

New students: Tuberculin skin test results cannot be older than 90 days from the first day the class meets. The TB requirement may be modified based on clinical assignment. For example, if class begins May 1, 2014 and ends May 15, 2014, the TB skin test results must be dated between January 31 and April 30.

Positive skin test or has been positive in the past: either a chest X-ray or interferon-gamma release assays (IGRA) blood test (Quantiferon TB Gold or T-SPOT) results must indicate no TB and cannot be older than 12 months from the last day the class meets. For example, if class begins May 1, 2014 and ends May 16, 2014, the X-ray or IGRA blood test must be dated between May 17, 2013 and April 30, 2014.

Note: Former students who attended the Nurse Assistant Training class (HLTH 605) at San Diego Continuing Education and who have a TB screening on file that is less than 12 months old throughout the period the Home Health Aide class is offered are automatically cleared.

PROVIDER SECTION Please print clearly. The student section above must be completed before you complete and sign this section. A provider’s business stamp is required in this section. There are three possible options for the student to receive TB clearance: Skin test; X-ray, or IGRA blood test; however, only one is required as follows:

Tuberculin skin test: □ Negative □ Positive* Date read ____________ Provider signature __________________________

Read by (name/title) __________________________ Provider full mailing address __________________________

*If positive: Chest X-ray OR interferon-gamma release assays (IGRA) blood test must be performed

Chest X-ray: Date ____________ Results ____________ Provider telephone ____________

Note: X-ray is required w/in 12 months of start date

IGRA blood test: Date ____________ Results ____________ Business stamp:

Provider name/title __________________________

Return completed application packet in-person to Cesar E. Chavez Campus, 1901 Main St., San Diego, Room 102. The office is open Monday-Thursday from 7:30 a.m. to 6:45 p.m. and Friday 8:00 a.m. to 5:00 p.m.

OFFICE SECTION

Date received ____________ time ____________ staff initials ____________

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