



STUDENT HEALTH EVALUATION FORM
CNA Training Academy by Kāhala Nui

NAME:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	POSITION: CNA Training Academy Student
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Do you know of any physical defects, conditions, or limitations which could affect your ability to perform the essential duties of a Nursing Assistant (includes ability to lift up to 50 lbs. and stand/walk for up to 8 hours)?

No Yes If yes, explain: _____

Have you had any communicable diseases in the past year?

No Yes If yes, explain: _____

Do you have any allergies?

No Yes If yes, explain: _____

Current Medications: _____

I attest that the information I have provided above is true and complete, to the best of my knowledge. I understand that any falsification, omission, or misstatement by me in connection with my physical examination or any other step in the application process will subject me to discharge any time after discovery without refund of any fees already paid. I hereby give permission to release a copy of this completed form to the participating training and clinical facility.

Applicant Signature: _____ Date: _____

Submit completed form via email to employment@kahalanui.com or via fax to (808) 218-7026

NON-DISCRIMINATION

The CNA Training Academy by Kāhala Nui does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, military status, arrest or criminal conviction record, or any other lawfully protected status, in any of its activities or operations.