CNA Course Registration Requirement Form

Course Title: Certified Nursing Assistant (CNA)
State: Illinois

Instructions: Please complete the following information regarding your health requirements. All sections must be filled out before you can be fully registered for the course.

Student Information:

- **Full Name:** _____

- **Date of Birth:** _____

- **Phone Number:** _____

- **Email Address:** _____

Health Requirements:

1. **Vaccination Records**

   - **Flu Vaccine**

     - Date Administered: _____

     - Provider's Name: _____

     - (Attach a copy of your vaccination record)

   - **COVID-19 Vaccine**

     - Date Administered: _____

     - Provider's Name: _____

     - (Attach a copy of your vaccination record)

2. **Tuberculosis (TB) Test**

   - Date of Test: _____

   - Type of Test (e.g., Skin Test or Blood Test): _____

- Results: _____

- (Attach a copy of your TB test results)

3. **Recent Health Screen Date**

   - Date of Health Screening: _____

   - Provider's Name: _____

   - (Attach a copy of your health screening report)

Acknowledgment:

I certify that the information provided above is accurate and complete. I understand that failure to provide the necessary health requirements will delay my course registration.

Signature: _____
Date: _____

Submission Instructions: Please submit this form along with the accompanying documents to [insert submission method/contact here].