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].