



**Testing Candidate Must: READ, SIGN, and BRING TO TESTING**

## Nurse Aide Testing Liability Waiver

I agree to take the nurse aide test. I understand the following.

I will listen to the Evaluator. I will obey the safety steps. I will use social distancing where available. I will wear my own face mask for testing. I will put on gloves and/or sanitize my hands if asked.

If taking the clinical skills test. I will be asked to perform healthcare skills. I will perform these skills on a live person and on a mannequin. The skill steps will include close physical contact with other candidates and the evaluator. The other candidates and the evaluator may not have PPE on due to the nature of the skill being tested. I also understand that I will be asked to play the role of a nursing home patient (client). I will have another test candidate perform skills on me. When I am the patient, I will be in close physical contact with other candidates and with the evaluator.

I accept all risks included in taking the nurse aide test. If testing skills, I also accept all risks included in completing clinical skills testing.

**Read Before Signing: Waiver must be signed by parent/guardian if the candidate is under 18 years of age or candidate will not be allowed to test.**

Name of Candidate: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate Date

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian if candidate is under 18 years of age Date

FOR EVALUATOR USE ONLY:	
DATE: _____	TEST SITE NAME/#: _____
EVALUATOR NAME: (print) _____	
EVALUATOR SIGNATURE: _____	