

STAFF HEALTH STATEMENT

(To be filled out by staff's Physician)

I have examined _____ on ____/____/____
and have found no condition that should prevent or interfere with the performance of his/her duties. I have
found no signs or symptoms which might pose a health hazard for consumer under his/her care and no
evidence of a communicable disease, including tuberculosis.

Tuberculosis testing complete and clear _____ and Hepatitis B testing complete and clear _____
Initial Initial

Physician's printed name

Physician's Signature

____/____/____
Date

Physician's Address

Physician's NPI

(____)____-_____
Physician's Contact No.: