



ADDRESS: 316 East 23rd Street, Apt B 10, Chester, PA 19013 PHONE: 267-981-9902 FAX: 484-483-9430

EMPLOYEE PHYSICAL AND TUBERCULOSIS TEST

Select reason: PRE-EMPLOYMENT BI-ANNUAL EXPOSURE

Medical provider:

The individual named below will be, or is currently employed by the agency to serve people in need of home care or other non-medical services. The employee will have direct contact with our clients, as parts of his/her employment. Please make sure this form is fully completed. It will not be accepted without physician's complete information, including phone and license number.

Name: _____ (please print)

Gender: Male ___ Female ___ Date of Birth: ___/___/___ Phone #: _____

TO BE COMPLETED BY PHYSICIAN

The above named was examined on: ___/___/___ (date)

Was the above person found to be fully employable with no limitations?
_____ Yes _____ No if no, please explain on page 2.

Does the above person have any medical condition (s) which might interfere with the health of our clients?
_____ Yes _____ No if yes, please explain on page 2.

Is the above person restricted to perform any work duty?
_____ Yes _____ No if yes, please explain on page 2.

TB TEST

Date of PPD Test #1: ___/___/___ Date of PPD Test #2: ___/___/___

PPD Results: _____ Positive _____ Negative _____ Positive _____ Negative

If this person currently or previously tested positive for TB, Please select the option listed below:

Date of Chest X-Ray: ___/___/___ Chest X-Ray Results: _____ Normal _____ Abnormal

_____ (please initial) Chest x-ray reviewed and there is no evidence of active tuberculosis or chest x-ray not required, lungs are clear and there is no evidence of active tuberculosis.

Explanations: _____

Medical Practitioner Verification

Medical Practitioner's Signature _____ Date: _____

Print Name: _____

Address: _____

Phone #: _____ License Number: _____

Signature