



PRE-EMPLOYMENT PHYSICAL EXAMINATION AND PPD

Name _____ Date _____

Date of Birth _____

PPD (TB TESTING)

Date Placed 1st Step: _____ Administered By _____

Date Read (Read in 48/72 hours) _____ Results: _____ Read by _____

Step 2: Should be given within 7-21 days after initial test is read

Date Placed 2nd step (if required): _____ Administered By _____

Date Read (Read in 48/72 hours) _____ Results _____ Read by _____

If result is positive, please attach the Chest X- Ray Report

Statement of Health to be completed by Physician, Physician Assistant, or Nurse Practitioner

The patient named above has been examined by me and found to be in good physical and mental health. The patient is free from communicable diseases and is able to perform the essential functions of a healthcare professional without any physical limitations.

Vital Signs: Pulse: _____ Blood Pressure: _____

Date: _____ Physician Name: _____
Please Print

Address: _____ Phone: _____

Physician's Signature _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH REQUIRED ATTACHMENTS PRIOR TO ACTIVE EMPLOYMENT!

Please Fax Or Email This to Prominent Medical Staffing (See below)