## Health Statement

We must have the completed Health Statement as shown or a similar form covering the contents as shown, in our office prior to you having contact with patients. It must be done within six (6) months prior to hire date.

To be completed by the Emplo	yee's Physician:		
I have examined	event or interfere with the performs	and have/have not unce of his/her duties	
I have found no condition which and no evidence of any commun	might pose a health hazard for clie icable diseases.	ents under his/her care	
	_ or c	vo	
PPD Results	_ or c Chest X-Ray Results	Date	
Physician's	s Signature	Date	
Phys	sician's Address		
Physician's Phone	——————————————————————————————————————	Physician's Fax	

Physician's Fax