Clelian Heights, Inc.

135 Clelian Heights Lane Greensburg, PA 15601

PHYSICIAN'S STATEMENT FOR EMPLOYEES

Must be signed by a physician, certified nurse practitioner or a licensed physician's assistant

I, the undersigned, have examined _____

on (date of physical) _____ and have found him/her to be:

☐ In general good health

☐ Free from communicable diseases

☐ Upon Initial Hire:
T.B. Test (Mantoux Method or Quantiferon Gold Blood Test)

Date Placed: _____ Date Read: _____ Result: _____

Read by: _____
Cannot be read by a Medical Assistant

☐ Chest X-ray, if Mantoux or Quantiferon Gold Blood Test is positive

Result: _____

☐ Complete Biennially:
No sign of active TB at this time and knows to seek health care if symptoms of TB appear.

Explain medical problems that might interfere with responsibilities of working with disabled adults in a day/work program setting.

_____

_____

Recommended Restrictions:

_____

_____

I, the undersigned, have found that the employee poses no threats to the health, safety or well-being of the individuals with whom he/she will be working.

_____

Signature of Attending Medical Practitioner Date

Print Name: _____

Address: _____