



## STATEMENT OF GOOD HEALTH/FREE OF COMMUNICABLE

### Explanation and Instruction:

Our company policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last twelve months. The employee must show no apparent signs or symptoms of communicable disease.

### Statement to be signed by a Physician or appropriately licensed Healthcare professional.

\_\_\_\_\_ was examined by me on \_\_\_\_\_

He/She is in adequate health to perform home health duties and show no apparent signs or symptoms of communicable disease.

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

### Test Results:

A PPD test was done on \_\_\_\_\_ by \_\_\_\_\_

and read on \_\_\_\_\_ by \_\_\_\_\_

Rt. Forearm \_\_\_\_\_ Lt. forearm \_\_\_\_\_

Result: \_\_\_\_\_ If redness present; size/description \_\_\_\_\_

Manufacturer name: \_\_\_\_\_ Lot number: \_\_\_\_\_