



311 NE 8th Street ▪ Suite 203 ▪ Homestead, FL 33030 ▪ 305-245-7299

Health/Physical Exam and TB Test Form

Name: _____

Date: _____

Both a Physical Examination and Tuberculosis test are required for employment, but are not required from the same physician. Please check all applicable boxes.

1. The results of the physical examination are Normal Abnormal
Date of exam _____, these results are valid for 2 years
 Not applicable, the exam was not performed

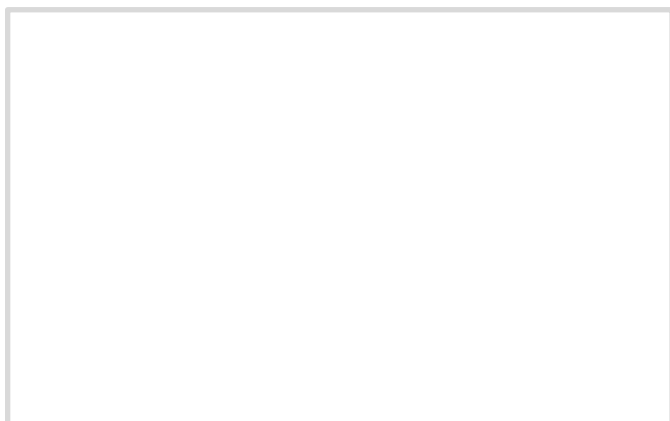
and

2. The person has completed a Tuberculosis Tine Test (PPD) and the results are
 Negative Positive
Results read on _____, these results are valid for 2 years
 Not applicable, the exam was not performed

or

2. The person has completed a chest X-Ray and the results are
 Normal Abnormal
Results read on _____, these results are valid for 5 years
 Not applicable, the exam was not performed

The above named person is in satisfactory physical condition and free from contagious diseases. This person is physically able to care for children.



Physician's Stamp Above (required)

Physician's Signature