

PHYSICAL EXAMINATION FORM

In my opinion, Yanemis Lobaina Lamez  
is physically and mentally able to perform the duties of HHA  
and is free of communicable diseases and tuberculosis.

John Padron  
PHYSICIAN SIGNATURE

06/17/2024

DATE

PPD MANTOUX OR CHEST X-RAY  
EMPLOYEE NAME: Yanemis Lobaina Lamez  
LT arm 0Ø mm

TEST DATE: 06/14/2024

READING DATE: 06/17/2024 NEGATIVE: ✓ POSITIVE:       

READ BY: D. John Padron MD

RECOMMENDATIONS\* N/A.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

I Certify that I am free of any lower back ailments or any other ailment which could prevent me from performing my duties in a satisfactory manner.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**John G. Padron, M.D.**  
**85 Grand Canal Drive, Suite 301**  
**Miami, Florida 33144**