## Physical Examination Form

|                               |                     | <u> </u>                   |
|-------------------------------|---------------------|----------------------------|
| de: Hialeah, FL 33012         | City, state, zip co | Address: 4160 W 16 Ave     |
| 90£80 <u>IS NJ</u> #VIO       | SHENSORS            | Physician's Signature:     |
| ELSES TIME                    |                     | Physician's Name:          |
| G.M səninga oznolla           | her it was touch.   | for any person under his / |
| no risk of contagious disease | ricable diseases,   | health and free of commu   |
| ls in apparent good           | NATH TADUR          | uoundo furus               |
| Date: 08/18/2021              |                     |                            |

## Tuberculin Skin Test / Chest X-ray

| <b>3</b>                 |                         |
|--------------------------|-------------------------|
|                          |                         |
|                          | Title: Medical Director |
| Positive: MM:            | Read by: Yanepsy Santos |
| Megative: V MM: V        | Chest x-ray:            |
| Results:                 | For Test: PPD           |
| Reading date: 08/20/2021 | Date: 08/18/2021        |

Recommendations: