	Physical Examination Form
Patient's Name: Velly	M. Valdes Reina
D.O.B: 6-19-16	<i>194</i> .
	Physician Statement of Health Status
The patient in reference from	a mental and physical standpoint is able to perform his/her
duties. The patient is free of c	ommunicable diseases;
Is in reasonable good	health and does not appear to be at risk for transmitting
communicable disease	
Mantoux Method TB Skin Tes	The state of the s
Chest X-Ray	Reading Date: $8-17-2022$
Quantiferon® TB Gold	
	Result: NEGATIVE
- AM	LTarmomen
Signature	The state of the s
Adolfo R. Martinez M.D.	Date: 8-17-2022
M.E.86711	Date: <u>V (/</u>
DEA: BM 8431455	
N-	O CORONAVIRUS TESTING PERFORMED
Employed I	Hoolth Pologeo for Denial of TR Signs & Symptoms

Employee Health Release for Denial of TB Signs & Symptoms

The early signs and symptoms of Tuberculosis are as follows:

- Cough
- Night sweats
- Fever
- Loss of weight
- Loss of appetite
- Bloody sputum

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I have read the above information and do not have any of these symptoms at the time. If any of these symptoms develop; I will contact my supervisor immediately.

Patient's Signature

Date