

ARIZA WELLNESS CARE, LLC
14271 SW 42 ST #1 MIAMI, FL 33175
Phone: (786) -431-1180 Fax: (786) 431-1147

PHYSICAL EXAMINATION FORM

In my opinion, RACHEL SUAREZ MARTINEZ is physically and mentally
able to perform the duties of HHA and is free of any
communicable disease.

[Signature]
MD/DNP/APRN Signature

Date: 05/04/2023

MANTOUX TEST OR CHEST X-RAY

Tuberculin Purified Protein Derivative (Mantoux)

Test Date: 05/02/2023 Site of PPD Administration: Right Forearm

Reading Date: 05/04/2023 Size of Reaction (mm): 0 mm

☒ Negative (4mm or less of induration) ☐ Positive (≥ 5 mm; Chest X-Ray Required)

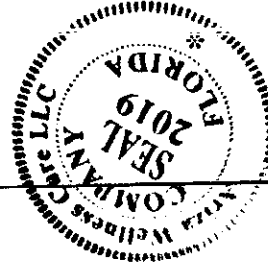
Read by: _____

☐ Chest X-Ray Required

☒ Chest X-Ray Not Required (PPD negative)

Recommendations: Annual Physical Exam

Employee's Signature: [Signature]



I certify that I am free of any lower back ailment of any other ailment, which could be preventing me from performing my duties in a satisfactory manner. I further certify the employee does not appear to be at risk of transmitting communicable disease.

Employee's Signature: _____

Department: HR