

ROYAL MEDICAL CENTER
13373 Bird Road
Miami, FL 33175-3437
Tel: (305) 640-5538 Fax: (305) 418-0346

PHYSICAL EXAMINATION FORM

In my opinion, Oralys Escalona is
physically and mentally able to perform the duties of HHA
and is free of communicable disease.

[Signature]
Physician Signature
Ormar Benitez MD
06/25/2024

ROYAL MEDICAL CENTER Date
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Tel: (305) 640-5538 Fax: (305) 418-0346

Mantoux test or Chest X-Ray

Employee name: Oralys Escalona

Test date: 06/21/24 Negative: ☒ Positive: ☐

Reading Date: 06/25/2024

Read by: Ray M.

Recommendations: none

Employee's signature: [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.

I further certify that he/she does not appear to be at risk of transmitting communicable disease.

Employee's signature: _____

Department: _____