

Physical Examination

Name: Maria Silva Rodriguez Date: 02/13/2003

Mantoux Method TB skin Test

Test Date: 02/10/2003 Negative: 0.00mm Positive: _____
Reading Date: 02/11/2003 Read by: Dr. Sanchez

Chest X-Ray

Test Date: _____ Negative: _____ Positive: _____
Reading Date: _____ Read by: _____

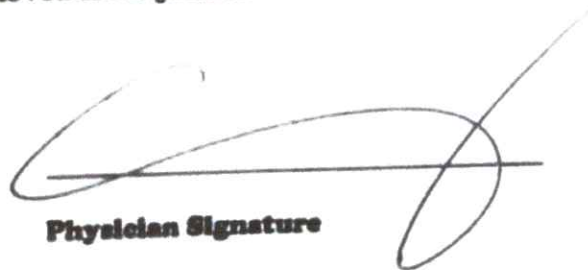
Physicians Statement of Health Status

☒ This individual is free from communicable disease and of Good health
sufficient to provide services to persons with compromised health.

☐ This individual should be removed from patient contact until further
notice.

Dr. Mirel Sanchez

Physician Name (Please Print)



Physician Signature

Dr. Mirel Sanchez Tel: (305) 234-9484
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