

PHYSICAL EXAMINATION FORM

Employee Ileana Padura

In my opinion _____ is physically and mentally
able to perform the duties of _____, he/she is free of
communicable disease, and does not constitute a risk of communicating disease to
any person under the care of the agency.

Physician's Signature

Date

ANTONIO MORA, M.D.
1435 West 49th Place
Suite 305
Hialeah, Florida 33012

Physician's Name (Print)

Date

Street Address

City, State, Zip

TUBERCULIN SKIN TEST

Test Date:

Type:

Reading Date:

Read By:

Negative: -

Positive:

Recommendations: