

PHYSICAL EXAMINATION FORM

Employee: Vizcaino Sanchez Barbara

Physical Statement:

In my opinion, Vizcaino Sanchez Barbara is physically able to perform all work related duties, and is free of signs and symptoms of communicable diseases, including TB, and does not constitute a risk of communicating disease to any person under the care of the agency.

2 step PPD Results:

Date: 03/06/23 Negative: ☒ Positive: _____
Date: _____ Negative: _____ Positive: _____

Chest X-Ray Results: Date: _____ Negative: _____ Positive: _____

Findings: _____

Alicia C. Medina APRN 9244215
Physician Signature

03/01/23
Date

Alicia C. Medina
Physician Name (Print)

10710 SW 34 ST
Physician's Address

Miami FL 33165
City, State, Zip Code,

Alicia C. Medina
APRN-BC, FNP, MSN