

PHYSICAL EXAMINATION FORM

In my opinion, Yaremis Lohaina Gomez
is physically and mentally able to perform the duties of HRA
and is free of communicable diseases and tuberculosis

[Signature]
PHYSICIAN SIGNATURE

01/30/2023

DATE

PPD/MANTOUX OR CHEST X-RAY

EMPLOYEE NAME: Yaremis Lohaina Gomez

TEST DATE: 01/23/2023

Lt arm 6.6 mm

READING DATE: 01/30/2023

NEGATIVE: ☒ POSITIVE: ☐

READ BY: Dr. John G. Padron MD

RECOMMENDATIONS: _____

N/A

EMPLOYEE'S 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.

EMPLOYEE'S SIGNATURE: _____

DATE: _____

John G. Padron, M.D.
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