

Physician Statement of Health Status

Date: 10/13/2023

Patient Name: Lazo, Maria R.

This individual is found to be Free of Communicable Disease and of good health in order to perform her/his responsibilities.

Test	Date Performed	Results
Chest X-Ray		Negative <input type="checkbox"/> Positive <input type="checkbox"/> Read on <input type="checkbox"/>
TB Tine Test	<u>10/11/2023</u>	Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Read on <u>10/13/2023</u>

Physician Name (Printed) Jorge L. Diaz D.O.

Physician Signature 

Physician Address and Phone Number:

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ste 401
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Dev. 6/2014, Rev. 3/2016, 10/2018