

## **EMPLOYEE PHYSICAL EXAMINATION / TB TEST STATEMENT**

The Maryland Department of Health and Mental Hygiene-Developmental Disabilities Administration and **Innovative Services, Inc.** require that all employees undergo a health examination and have on file within 10 days of employment the written statement of a doctor of medicine certifying that the physician has examined such employee and found nothing in their general physical and emotional condition which would endanger the health of an individual. In addition to a physical examination, **Innovative Services, Inc.** also requires a **Tuberculosis (TB) Test**. The cost of both the basic employee physical and the Tuberculosis (TB) Test are the responsibility of the employee.

The employee's job requirements include lifting, transferring and toileting physically disabled individuals, intervening with individuals acting out aggressively, attending to the close personal hygiene of those individuals, and food preparation.

I certify that \_\_\_\_\_, was  
Print Name (Employee)

examined by me on \_\_\_\_/\_\_\_\_/\_\_\_\_, and found to be in good health.  
COMMENTS:

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\_\_\_\_\_  
Print Name (Physician)

\_\_\_\_\_  
Signature (Physician)

I, \_\_\_\_\_, hereby give  
Print Name (Employee)

\_\_\_\_\_ permission to release the above information to:  
Print Name (Physician)

**Innovative Services, Inc.**  
**300 Redland Court, Suite 215**  
**Owings Mills, MD 21117**  
**Tel: 410.363.9495**  
**Fax: 410.363.9498**

**NOTE:** It is recommended that all employees review their immunization status due to increased risk of exposure to diseases and live viruses. Also, all charges incurred are the responsibility of the employee.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)