



# FOYET MEDICAL

6475 NEW HAMPSHIRE AVENUE SUITE 705 HYATTSVILLE, MD 20783  
301-755-5238 / 301-602-0157 Fax : 240-641-5889

## HEALTH CERTIFICATE

Name: John Doe

Sex: male Male

Date of Birth: 03/07/1963 03/07/1963

Phone number: 123-456-7890

I have examined the above-named person and certified that he/she:

Completed a pre-employment physical examination by a licensed health care practitioner, conducted not more than twelve (12 months) prior to the start of employment or volunteer work.

Had an annual physical examination by a licensed health care practitioner.

07/25/2025

07/27/2025

Negative

☒ (X) At the time of his /her examination is free from tuberculosis and apparent communicable diseases.

07/26/2025

In addition to a general physical health examination, the following tests have been done:

PPD:

Planted on:

Read on:

Result:

☐ Chest X-Ray on:

07/29/2025

Facility Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

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Signature: *Wendee foyet*

Date:

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