

# Fax

Date: Apr 22, 2020  
Subject: Employee Medical Form Physical

To: Scott Collins  
Fax: +1 (410) 996-9493  
From: Ryan Myrick  
Phone: 4435532903  
Email: rmyric1@gmail.com  
Pages: 2 Pages  
Message:

*We need a physical (in person - not telehealth)  
before we can do this  
Also need a PPD here  
or we can order a TB gold  
(and make it urgent)*

*EMAIL  
RMYRIC1@gmail.com  
rmyric1@gmail.com*



78 Medical Park Drive, Pomona, NY 10970

## Employee Medical Form

Name: Ryan Myrick DOB: 01/28/1990 Date: 4/24/20

Physical Examination: Pre-Employment/annual examination is required for all employees who regularly associate with consumers.

HT: <u>71"</u>	WT: <u>205</u>	B/P: <u>124/75</u>	Pulse: <u>88</u>	Resp: <u>18</u>	Temp: <u>97.6</u>
Head/ENT: <u>NC/AT</u>	<u>NOSE &amp; THROAT</u>	Cardiovascular: <u>RR 92/52</u>	<u>60/14</u>		
Eyes: <u>PERIL. Sclera clear</u>		Musculoskeletal: <u>DL STRETCH 1/20M</u>			
Neck: <u>SUPPLE</u>	<u>NO Lymphadenopathy</u>	Abdomen: <u>SOFT NTND</u>	<u>NO HBS</u>		
Breasts: <u>NL</u>	<u>MALE</u>	Genito Urinary: <u>NL</u>	<u>MALE</u>	<u>TESTES 2cm</u>	<u>NO VNA</u>
Lungs: <u>CRA</u>	<u>WET</u>	Central Nervous System: <u>INTACT</u>			
Comments:					

TB Skin Test-PPH Mantoux: Annual PPD testing is required for all employees. Employees who previously had a positive reaction to PPD test are exempt from testing again, however they are required to provide a report of a negative chest x-ray. Chest x-ray is valid for a maximum of five years. During the 5 year period, annual TB Screen should be completed by physician. If needed, attach any additional documentation to this form.

PPD: <u>TB 600</u>	1. Date Implanted: <u>4/24/20</u>	1. Date Read: <u>4/27/20</u>	Results (mmxmm): <u>NEGATIVE</u>
Chest X-Ray:	Date:	Results:	
TB Screen:	Chest pain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lingering cough <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unexplained weight loss in the past year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Blood in sputum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Increased sweating at night <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unexplained fever or chills <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Immunizations: Pre-employment medical form is required to include immunization records for Rubella, Rubeola/Measles and Mumps(MMR). If no records are available, a titer blood test is required to check immunity. If results are negative, vaccines should be administered and documented below. Copies of records may be attached. \* This section is not required if immunizations are already on file with Ultimate Therapy.

Titer Test Date Performed:	Results: Provide Lab Values and Interpretation. (Attach Lab Results, if available)	Vaccines:	Dates Vaccines Given:
Rubella:	Non-Immune Immune Lab Lab Value:	Rubella:	<u>11/14/91</u> / <u>7/27/95</u>
Rubeola/Measles:	Non-Immune Immune Lab Lab Value:	Rubeola/Measles:	<u>1. 11/14/91</u> / <u>2. 7/27/95</u>
Mumps:	Non-Immune Immune Lab Lab Value:	Mumps:	<u>11/14/91</u> / <u>7/27/95</u>

☒ This individual is free from any health impairment that is a potential risk to the patient or other employee or which may interfere with the performance of his/her duties including habituated or addicted to any anti-depressants, stimulants, narcotics, drugs, alcohol or other substances that may alter behavior.

☒ This individual meets medical requirements to work below:

Please affix physician stamp

☐ This individual is able to work with the following limitations:

☐ This individual is not physically/mentally able to work. (specify reason)

Physician's Signature: [Signature] Lic. No. C0002038 Date: 4/27/20

Family Healthcare of Elkton  
111 W High St., Suite 214  
Elkton, MD 21921

Family HealthCare of Elkton  
111 West High Street  
Suite 214  
Elkton, MD 21921  
Phone 4109969490 Fax 4109969493

# LABORATORY REPORT

ID #	SEX	PATIENT DEMOGRAPHICS	RESULTS PROVIDED BY	
3979	M	RYAN MYRICK	LABCORP BURLINGTON	
DOB		39 HIGHLAND AVE	1447 YORK COURT	
04/28/1990		ELKTON, MD 21921	BURLINGTON, NC 272153361	
		(443) 553-2903	800-762-4344 Director: WILLIAM F HANCOCK MD	
AGE		ACCESSION #	ORDERING PROVIDER	
29		11593154020	Richard Collins, PA-C	
LAB ID		SPECIMEN INFORMATION:	RECEIVED ON	REPORTED ON
50678		Specimen ID: 115931540202020	04/27/2020 15:25:48	04/27/2020 14:07:00
		Type:	COLLECTION DATE / TIME	FASTING
		Source:	04/24/2020 10:23:00	NOT SPECIFIED
		Condition:		
		Total Volume:		

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
QUANTIFERON-TB GOLD PLUS						F
-QuantIFERON Incubation	Incubation performed.	--	--		F	01
-QuantIFERON Criteria	See notes.	--	--		F	01
NOTES on 'QuantIFERON Criteria': 'The QuantIFERON-TB Gold Plus result is determined by subtracting 'the Nil value from either TB antigen (Ag) tube. The mitogen tube 'serves as a control for the test.						
-QuantIFERON TB1 Ag Value	0.06	--	IU/mL		F	01
-QuantIFERON TB2 Ag Value	0.05	--	IU/mL		F	01
-QuantIFERON Nil Value	0.06	--	IU/mL		F	01
-QuantIFERON Mitogen Value	>10.00	--	IU/mL		F	01
-QuantIFERON-TB Gold Plus	Negative	Negative	--		F	01

Specimen 115931540202020 facilities:

01:  
LABCORP BURLINGTON  
1447 YORK COURT  
BURLINGTON, NC 272153361  
800-762-4344 Director: SANJAI NAGENDRA MD

\*\*This report has not been signed-off.

NEG TB GOLD  
ARC 4/27/20