

HEALTH REPORT

Name _____ Age _____

I. Physical Examination

B/P _____ P _____ Ht. _____ Wt. _____

a. List any ongoing or chronic condition for which this individual is presently being treated:

b. List all medications taken regularly or which are prescribed for the above condition:

c. Comments: _____

II. Tuberculin Testing

Date of Mantoux/PPD _____

Results _____

Read by _____

Date _____

If test is positive or there is a history of positive TB tests, a chest x-ray is required.

Date of x-ray _____ Results _____

I have examined the above person found them to be in satisfactory physical condition and free of communicable disease.

Signature of Physician _____ Date _____