

Health Examination Form

Name: _____ Classification: _____

The following information is required by the TITLE XXH of the Health Code of the State of California for all persons working in acute care hospitals. In order to maintain compliance with the Laws of the State please provide 365 Healthcare Staffing Services, Inc. with your physical prior to employment and **ANNUALLY THEREAFTER.**

PPD Skin Test:

Date Placed: _____

Right forearm

Left forearm

LOT # _____

Expiration Date: _____

RN Initials: _____

Date Read: _____

Time Read: _____

Interpretation: negative

positive

MM of interpretation: _____

Signature of RN reading Results: _____

Required Health Records

Optional Health Records

If Positive TB, provide Chest X-Ray (Report)	Color Vision Test
Measles (Report)	Flu Vaccine
Mumps (Report)	Hep B
Rubella (Report)	Hep C
Varicella (Report)	Tdap

Please provide serology report or vaccine records for the above mentioned required health documents. If choosing to provide proof of any of the optional health records, please abide by the same guidelines.

The above patient has been examined by me and found to be in good physical and mental health. There is no evidence of communicable disease and is able to carry out the functions as RN, LVN, LPT, CNA, or TECH without limitations.

Physician's Name

Physician's Signature

Date

