reliable nursing solutions
when caring counts..count on us!

PHYSICAL STATEMENT

Employee Name:_____ Date:_____

Employee Signature:_____

Employee Date of Birth:_____ Employee S/S #_____

Date of Exam:_____
(Expires one year from exam date)

Vital Signs: T P R BP Height Weight_____

TB OR PPD RESULTS:
Date Given:_____ Date Read:_____
POS:_____ NEG:_____ CM:_____
Lot#:_____ Exp date:_____
Read By:_____

I have performed a physical examination on the above listed individual and have found this person to be in good physical/mental health. The individual appears to be free from any contagious diseases and is able to function as a healthcare professional without restrictions.

Provider'sName:_____
(Print)
(Physician, Certified Nurse Practitioner, or Physician's Assistant)

License Number:_____

Signature:_____ Date: _____

Address: _____

Phone: _____