

# **STATEMENT OF GOOD HEALTH/FREE OF COMMUNICABLE DISEASE**

## **Explanation and Instruction:**

Absolute Healthcare Services, LLC policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last twelve months. The employee must show no apparent signs or symptoms of communicable disease.

## **Statement to be signed by a Physician or appropriately licensed Healthcare professional.**

\_\_\_\_\_ was examined by me on \_\_\_\_\_. He/She is in adequate health to perform home health duties and show no apparent signs or symptoms of communicable disease.

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

A PPD test was done in this office on \_\_\_\_\_ by \_\_\_\_\_.  
and read on \_\_\_\_\_ by \_\_\_\_\_.

Rt. Forearm \_\_\_\_\_ Lt. forearm \_\_\_\_\_

Result: \_\_\_\_\_ If redness present, size/description \_\_\_\_\_

Manufacturer name: \_\_\_\_\_ Lot number: \_\_\_\_\_