



# Integrated Community Services, Inc.

Bringing Community to Life

## HEALTH CERTIFICATE FOR STAFF

Name: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

I have examined the above-names person and certify that he/she is:

- Free from disease in communicable form.
- As of this date, the person appears to be in satisfactory physical and mental health condition, capable of doing physical household tasks, supervise and give care to other people.

In addition to a general physical health examination, the following tests have been done:

Tuberculin test (Check One):  Tine  PPD

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chest X-Ray: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician M.D. Date of Examination: \_\_\_\_\_

\_\_\_\_\_  
Address of Examining Physician Telephone No.: \_\_\_\_\_