



Health Examination Form

ePeople Healthcare
1108 Ohio River Boulevard
Sewickley, PA, 15146

FAX: 412-324-1075

I have examined _____
Last Name First Name Middle

Who is applying for the position of a _____.

1. This person is free from any condition or communicable disease that appears to prevent him/her from performing the duties of the position applied for.

_____ True _____ False

2. This person has a communicable disease, but is able to perform the job requirements.

_____ True _____ False _____ Not applicable

If True, explain specific instructions and precautions that the employee must follow:

3. I have found no indication of any condition which might represent a possible hazard to the health of residents or other employees in the facility.

_____ True _____ False

4. TB Test:

ONE STEP: Date Given: _____ Site: _____ Given By: _____

Date Read: _____ Read by: _____

RESULTS: _____

TWO STEP: Date Given: _____ Site: _____ Given By: _____

Date Read: _____ Read by: _____

RESULTS: _____

Attention: This form is for PHYSICIAN use ONLY- Staff member from ePeople will verify with physician after receiving this form. Thanks for your cooperation!

Physician Signature: _____ Date: _____

Address: _____ Phone #: _____