



*ePeople Healthcare*

### Health Examination Form

ePeople Healthcare, Inc  
1108 Ohio River Boulevard  
Sewickley, PA, 15146

**FAX: 1-866-305-0388**

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. 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

3. TB Test:

ONE STEP: Date Given: \_\_\_\_\_ Site: \_\_\_\_\_ Given By: \_\_\_\_\_

Lot # \_\_\_\_\_

Date Read: \_\_\_\_\_ Read by: \_\_\_\_\_

RESULTS: \_\_\_\_\_ (mm)

TWO STEP: Date Given: \_\_\_\_\_ Site: \_\_\_\_\_ Given By: \_\_\_\_\_

Lot #: \_\_\_\_\_

Date Read: \_\_\_\_\_ Read by: \_\_\_\_\_

RESULTS: \_\_\_\_\_ (mm)

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_