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STATEMENT OF GOOD HEALTH/FREE OF COMMUNICABLE

Explanation and Instruction: Our company 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 six months. The employee must show no apparent signs or symptoms of communicable disease. The above statement is required at the time of hire and every two years thereafter.

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

The following options to test for TB are available to Infinity Health Care Services employees, choose one:

A 2-Step PPD:

Step 1: Rt. forearm____ or Lt. forearm____. A PPD test was done in this office on _____ by _____ and read on _____ by _____.

Result: _____ If redness present; size/description _____.
 Manufacturer name: _____ Lot Number: _____.

Step 2: Step 1: Rt. forearm____ or Lt. forearm____. A PPD test was done in this office on _____ by _____ and read on _____ by _____.

Result: _____ If redness present; size/description _____.
 Manufacturer name: _____ Lot Number: _____.

A Quantiferon Gold TB Test: Results(select one): Positive _____ or Negative _____. (Please attach results)

A Chest X-Ray: Results(select one): Positive _____ or Negative _____. (Please attach results)