



**HEALTH FORM**

**THIS COMPLETED FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT ON OR BEFORE THE DATE THE INDIVIDUAL REPORTS TO WORK.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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**Physicians: Please Complete Below**

**Tuberculosis Skin Test Result**

This is to inform you that a tuberculosis test (PPD) was administered on \_\_\_\_\_, and showed a response of \_\_\_\_\_ millimeters of indurations, when read on \_\_\_\_\_.

- This indicates a negative skin test and employee is free of all communicable diseases.
- This indicates a positive skin test. Employee must get a chest x-ray done and submit results.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date