Ambiance Home Health Care, Inc.

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HEALTH STATEMENT

Today's Date: ________________________

In my opinion, based on my exam____,

is physically and mentally able to perform the duties of ______________________________________,

and appears to be free of and is not at risk of communicable diseases, including tuberculosis, which could be a potential threat to patients under the care of the company, other employees, or the employee him/herself.

__________________________________ ✗ __________________________________

Physician's Name   Physician's Signature

Check 1 only:

☐ PPD/TB: **MUST BE READ WITHIN 48-72 HOURS (RENEW ANNUALLY)**

Test Date:_________________ Negative:________ *Positive:________

Reading Date:______________ Read By:_______________________________

☐ Chest X-Rays: **PLEASE ATTACH RESULTS (RENEW EVERY 5 YEARS)**

X- RAY Date:__________________ Negative:________ *Positive:________

TB TARGETED MEDICAL QUESTIONNAIRE (To be completed by patient)

Questions	No	Yes	Questions	No	Yes
Have you ever had a positive TB skin test or history of TB infection?			Have you recently lost weight?		
			Do you have a chronic cough?		
Have you ever had a BCG vaccine?			Do you cough up blood?		
Do you have prolonged recurrent fever?			Do you have sweating at night?		

Do you have any of the following risk factors which may substantially increase the risk of tuberculosis? (☑ all that apply)

☐ Silicosis (Lung Disease) ☐ Gastrectomy ☐ Intestinal Bypass ☐ Diabetes Mellitus

☐ Chronic Renal Disease ☐ Hematologic Disorder (i.e. leukemia/lymphoma) ☐ Other malignancies

☐ Weight 10% or more below ideal body weight? ☐ Exposure to HIV or AIDs

☐ Prolonged high-dose corticosteroid therapy/immunosuppressive therapy

Employee Signature: ✗ ____ Date: _________________