

SKE

2818-E Queen City Drive
Charlotte, NC 28208
Office (704) 395-9387
Fax (704) 395-9436

STAFF MEDICAL REPORT

(This form is to be completed prior to employment)

* **Employee's Full Name:** _____

***Job Position/Duties:**

***Date:** _____

THIS INDIVIDUAL IS:

(To be completed by a Physician)

* _____ **In general good physical and mental health to perform the job described.**

* _____ **Is found to be free of communicable diseases or any other condition that poses a threat to persons served.**

_____ **Not medically qualified to perform the job described.**

_____ **Medical hold pending further data.**

Please complete only if administered

Date PPD Administered: _____

Date PPD Reviewed by medical staff: __/__/__ **Signature of Med. Staff:** _____

PPD Test Results: _____

The patient has been informed of any medical findings and my recommendations.

***Signed:** _____ **PA/MD/NP**

***Agency Name:** _____ **Phone #:** () _____