CHANGING LIVES CENTER

*Employee Physical / Certification*

I hereby authorize release of the information contained on my Employee Physical / Certification Form to LNL. Employee Name (Please Print):

Signature: Date:

# General Employee Health:

1. This individual has received a general physical examination. YES NO
2. Are there any medical problems that might interfere with the health of others? YES NO

If YES, please explain:

1. Is this patient free from communicable disease? YES NO

NO, but the individual is able to have contact with others if the following specific precautions are taken:

1. This patient:

**Will not pose** a serious threat to the health, safety, or well-being of others.

**May pose** a threat to the health of the individuals unless the following instructions/precautions are implemented at the work site.

# Certification:

This is to certify that I have examined the above named individual. The information provided above is an accurate reflection of the examination conducted.

Name of licensed professional: must be done by a licensed physician, certified nurse practitioner, or registered physician’s assistant.

Please print: Title:

Signature: Date:

**T.B. Test:** *If the tuberculin test is positive, a chest x-ray is required at hire. If no TB test is available and patient is considered high risk, a chest x-ray is required. Repeated chest x-rays are not required unless symptoms of tuberculosis occur.*

Mantoux: Date given: Date Read: Results:

*The Mono-vac or other multiple puncture tests are not acceptable in lieu of the Mantoux method.*

No TB Skin Test Antigen Available Patient is considered high risk (per CDC definition\*) YES NO

*\*HIGH RISK: ~person who has recent contact/exposed to persons with TB disease; ~person born in or who frequently travel to countries where TB disease is common; ~person who currently or used to live in large group settings, such as homeless shelters or correctional facilities; ~person with weaker immune system, such as those with certain health conditions or taking certain medications that may alter immunity*

T.B. Examiner (Please Print): Title:

Signature: Date:

***The Changing Lives Center’s Protocol: The TB test must be completed, read and results certified by an RN/LPN, a licensed physician, nurse practitioner, or physician’s assistant.***