

FREE OF COMMUNICABLE DISEASE

PATIENT AUTHORIZATION AND NOTICE

I HAVE EXAMINED: _____
Patient Name

And he/she (circle one) appears to be free of communicable diseases, including tuberculosis, and I have found no condition that appears to prevent him/her from performing the duties of the position applied for with the possible exception of the following:

Provider Signature

MD DO ARNP PA

_____/_____/_____
Date