

EMPLOYEE WELLNESS, P.A.

Michele F. Libman, M.D. | Kristin Washington, APRN - DNP



1050 SE Monterey Rd. Suite 101 Stuart, FL 34994 | p. 772-872-7304 | f. 772-872-7305

HIV & TSH LAB TESTING

PATIENT AUTHORIZATION AND NOTICE

I understand that I am offered at my annual firefighter physical optional labs to include testing of HIV & TSH.

I ACCEPT the additional lab testing for HIV/TSH during my annual firefighter physical.

HIV

TSH

(check one or both)

Patient Printed Name

Patient Signature

Date

I DECLINE the additional lab testing for HIV/TSH during my annual firefighter physical.

HIV

TSH

(check one or both)

Patient Printed Name

Patient Signature

Date

Witness Signature

Date