## MEDICAL CLEARANCE- PPD

## THIS IS A CONFIDENTIAL MEDICAL RECORD

Name of Individual (Please Print)					tion				
Based upon	my assessm	nent of the above in	ıdividual's p	ohysical capabilities a	s they rela	te to the essentia	l functions of th	ne above positi	on, I conclude:
<ol> <li>Is the</li> <li>Can need</li> <li>The job of Indiv</li> <li>I can and</li> </ol>	e individual the individual of the individual properties which postitude answer capabilities inswer to quant answer to quant and quant answer to quant answer to quant answer to quant answer quant and quant answer quant and quant answer quant and	currently able to per al perform the essent commodation? One resents with a temple ses a significant rist direapply when con the above question are needed.	erform the ential function or ary concount of substandition has in at this tire.	essential functions of ons of the job withou lition which at this tin ntial harm to the indi	the job, wat a significance prevent vidual or to the testing are commodal	ithout the need fant risk of substa s him/her from b o others, but which d/or additional in	or any accommential harm to include to per the does not limitation about	odation? 0 Yed dividual or to o form the esser tone or more r	es $\theta$ No others, without the ntial functions of the major life activities.
List Recomme		•	is not a rep	resentation that ther	e 15 HOL 115	COLLIGITII.			
Communicable Disease Certification: (TO BE COMPLETED BY HEALT  I have evaluated this individual and in my medical opinion, Find him/her free from all communicable disease.  I cannot at this time, ascertain that this individual is free Of communicable disease.					_	Health Care Providers Signature  Date			
TB	Inject	Administered	Inject	Manufacturer	Lot #	Results	Size	Read Date	Read By
Step 1	Date	by	Site			Negative Positive	mm		
Step 2						Negative Positive	mm		
** Please not	te that a posi	tive screening will re	sult in this ir	formation being provid	led to the P	A department of H	ealth for require	d exposure follo	w-up.
l agree to	have the	above pre-place	ment tes	ting conducted and	d agree to	release the re	esults.		
Signature						Date			