

# Medical Management *Plus*, LLC

## Physical Health Exam Statement

I have examined the following person and found them able to be employed in the home health care field. I have found him/her free of any communicable diseases.

**Name of person examined:** \_\_\_\_\_

**Date of exam:** \_\_\_\_\_

### Tuberculosis Testing

**Type:** \_\_\_\_\_

**Date Administered:** \_\_\_\_\_

**Date Read:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**