

MEDICAL CLEARANCE- PPD

THIS IS A CONFIDENTIAL MEDICAL RECORD

Name of Individual (Please Print) _____ Position _____

Based upon my assessment of the above individual's physical capabilities as they relate to the essential functions of the above position, I conclude:

1. Is the individual currently able to perform the essential functions of the job, without the need for any accommodation? Yes No
2. Can the individual perform the essential functions of the job without a significant risk of substantial harm to individual or to others, without the need for any accommodation? Yes No
3. The individual presents with a temporary condition which at this time prevents him/her from being able to perform the essential functions of the job or which poses a significant risk of substantial harm to the individual or to others, but which does not limit one or more major life activities. Individual should reapply when condition has improved.
4. I cannot answer the above questions at this time; further diagnostic testing and/or additional information about the individual's medical condition and capabilities are needed.

* If the answer to question #1 or #2 is "No", possibility of reasonable accommodation must be explored.

** An Affirmative answer to question #2 is not a representation that there is not risk of harm.

List Recommended Accommodations

Communicable Disease Certification: (TO BE COMPLETED BY HEALTH CARE PROVIDER)

_____ 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 Screening	Inject Date	Administered by	Inject Site	Manufacturer	Lot #	Results	Size	Read Date	Read By
Step 1						Negative Positive	_____mm		
Step 2						Negative Positive	_____mm		

** Please note that a positive screening will result in this information being provided to the PA department of Health for required exposure follow-up.

I agree to have the above pre-placement testing conducted and agree to release the results.	
_____	_____
Signature	Date