

NHSTC, INC.
Nursing & Health Services Training Consultants, Inc.

CERTIFICATION OF PHYSICAL EXAMINATION

The Licensure Division for the State of Maryland requires that all employees and contractors have a physical examination completed prior to employment commencement. The regulation stipulates that persons must be free of communicable diseases (including Hepatitis B and Tuberculosis) and have undergone a complete physical examination.

Applicant's Release

I, _____ give the noted below physician permission to release the information requested by NHSTC, INC.
(Applicant's Printed Name)

(Applicant's Signature)

(Date)

Physician Verification

I certify that _____ was physically examined on _____
(Patient's Name) *(Date)*

And is able to: (Please check all that applies)

- Function without restriction as a health care worker,
- Free of communicable diseases, including but not limited to Tuberculosis and Hepatitis B in their communicable form.
- In good physical and mental health

The following tests were done with results being:

Tuberculin test: (Please Check One) Tine Test PPD Skin Test Chest X-Ray

Date: _____ Date Read/Result: _____

Chest X-Ray Date & Result: _____

Remarks: _____

(Printed Physician Name)

(Date)

(Physician's Signature)

(Office Number)

Physician's Address:

(Please Use Office Stamper)

Please mail or fax this completed form to:

NHSTC, INC. (Main Office)
311 North Charles Street
Baltimore, MD 21201
Fax: 410.528.5436 / Office: 410.528.5430