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Health Certification

The state of New Jersey requires all employees to have this certificate completed by a physician. The physician exam must be within the past (1) year. Please complete and return this form as soon as possible.

This certifies that _____ was given a physical exam, TB Test, and is in good physical and mental health, and is free from any communicable diseases.

Results:

TB Test Directions:

If the last PPD was received within the past (1) year then only step I is needed.

If the PPD was received more than (1) year ago, then step I&2 are needed.

If the PPD is positive then only Chest X-Ray is needed.

Date of last PPD: _____

TB Test-Step I PPD: Negative: _____ Positive: _____

TB Test Step II PPD: Negative: _____ Positive: _____

Chest X-Ray: Negative: _____ Positive: _____

Rubella Titre: _____ Immune Non-Immune: _____

Rubella Vaccine (if titre is non-immune): Date Given: _____

Rubella Titre (if born after 1957): _____ Immune: _____ Non-Immune: _____

Hepatitis Series: 1. _____ 2. _____ 3. _____

Physician Signature: _____ Date: _____

Physician's License Number: _____ State: _____