

**ROSSYBRIGHT HOME CARE**

**A Home Support Agency**

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Washington, DC 20002

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**Statement of Good Health/Free of Communicable Disease(s)**

**Explanation and Instruction:**

Our company policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last twelve months. The employee must show no apparent signs or symptoms of communicable disease.

**Statement to be signed by a Physician or appropriately licensed Healthcare professional.**

\_\_\_\_\_ was examined by me on \_\_\_\_\_. He/She is in adequate health to perform home health duties and show no apparent signs or symptoms of communicable disease.

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

A PPD test was done in this office on\_\_\_\_\_ by\_\_\_\_\_.  
and read on \_\_\_\_\_ by\_\_\_\_\_.

Rt. Forearm\_\_\_\_\_ Lt. forearm\_\_\_\_\_

Result:\_\_\_\_\_ If redness present; size/description\_\_\_\_\_.

Manufacturer name:\_\_\_\_\_ Lot number:\_\_\_\_\_