

# Physical examination certificate

Having performed a physical examination on the person named below on ....., the following findings are true and accurate:

1. ....is suffering from no physical disability which restricts them from providing services as .....
2. ....is not suffering from sexually transmitted or other contagious diseases which restricts them from providing services as a .....
3. ....has (circle the applicable number):
  - a. Received at least 3 doses of recombinant hepatitis B vaccine currently licensed in the United States, OR,
  - b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, OR,
  - c. Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines, OR,
  - d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (Cap).
4. ....shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading.

## Examining Physician Information:

Name: .....

Address: .....  
.....  
.....

Telephone: (     ) .....