TOMP217.24 F64 (M) -0. F6.24 F C1 (P)-RMI 9.96 -0 0 9.96 194.4 666.12 Tm [(D)-

Yes DATE(S) EXPLAIN Are you still

Rashes/Skin problems Yes _____ DATE(S) EXPLAIN Are you still being treated?
No _____ _____

I. Surgeries Yes _____ DATE(S) EXPLAIN Are you still being treated?
No _____ _____

2. Do you have any health problems which might interfere with your responsibilities at the hospital?

Yes _____ No _____ If yes, please explain

To the best of my knowledge, the above information is true._____ _____
Signature Date

Employee Health Review
Contraindication to work: Yes _____ No _____
Further follow-up: Yes _____ No _____

Comments:

_____
Signature Date