

To: John Prins
Director of Human Resources
Clifford W. Beers Guidance Clinic
93 Edwards Street
New Haven, CT 06511

Re: Medical Examination and/or PPD (Tuberculosis) Test for:

Employee name

Social Security Number

Medical Examination

I have examined the above-named employee on _____ and have found her/him
Date
to be in general good health with no work restrictions.

PPD Tuberculosis test

The above-named employee was given a Tuberculin test (PPD) on _____. It was
Date
read as _____ on _____.
Negative/Positive Date

Health Care Provider's Name and Address (Please print)

Health Care Provider's Signature

Date