



Crawford Care
Senior Services



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Aldan, Pennsylvania 19018

Health Examination Report

Employee _____

The above name is an employee of Crawford Care Senior Services and have found no evidence of health communicable diseases that might have cause hazardous health complications of consumers of other staff from Crawford Care Senior Services.

____ I have found evidence of health communicable disease and employee cannot be clear this employee to perform duties with Crawford Care Senior Services now.

Step # 1

____ PPD was completed on: _____; results: { } negative { } positive

____ PPD postponed- last PPD; Date: _____ results: { } negative { } positive

Chest X-Ray Date: _____ Negative: { } Yes { } No { } NA

Step # 2

PPD was completed on: _____; results: { } negative { } positive

Physician's Signature

Date: