



1500 Chestnut St. # 1070 | Philadelphia, PA 19102 | hrcoordinator@phcares.com

TeamPHCA Staff/Volunteer Physical Examination

Staff Member/Volunteer Name: _____

Date of Birth: _____

Title (Title of the Person completing the Form):

Date of Examination: _____

1. General Physical Examination

• Findings of the general physical exam:

2. Tuberculin Skin/PPD Test

• Date Administered: _____
• Date Read: _____
o Results: [Negative / Positive] _____

● If positive, Chest X-ray date: _____

o Chest X-ray result: _____

3. Serious Communicable Diseases

Select which one applies:

The staff member/volunteer is free of serious communicable diseases as defined in 28 Pa. Code § 27.2.

The staff member/volunteer has a serious communicable disease as defined in 28 Pa. Code § 27.2 but is able to work in the facility if specific precautions are taken to prevent the spread of the disease to others.

▪ Precautions to be taken:

4. Physician's Written Statement

If a staff person or volunteer has a serious communicable disease as defined in 28 Pa. Code § 27.2, a written authorization from a licensed physician shall include a statement that the person will not pose a serious threat to the health, safety or well-being of the individuals.

I, (Physician's Name): _____ authorize

(Staff member/volunteer's Name): _____above will not
post pose a serious threat to the health, safety or well-being of the individuals.

Physician's Stamp

Physician's Signature

Date