DC HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEATH REGULATION AND LICENSING ADMINISTRATION

Health Certificate for Staff

EMPLOYEE NAME: _____ **SEX (Circle one): MALE FEMALE**

DATE OF BIRTH: _____ **TELEPHONE No:** _____

ADDRESS: _____
Street City State Zip Code

TYPE OF PROFESSIONAL LICENSE: _____

I have examined the above-named person and certify that he/she is:

1. Free from disease in communicable form. **{Please Circle One}** YES NO

2. In addition to a general physical health examination, the following test have been done:

Tuberculin Test **(check one)**. [ ] Tine [ ] PPD [ ] QuantiFERON-TB Gold Plus

Date: _____ Result: _____

Chest X-Ray Date: _____ Result: _____

Remarks:

_____

_____

_____

_____ _____ _____
Name of Healthcare Practitioner **Signature of Healthcare Practitioner** **Date**

_____ _____
Address of Healthcare Practitioner **Telephone No.**