

**Corner Stone Personal Care Home
Pre-Employment Exam**

Name of Employee: _____

BP _____, P _____, Resp. _____, Temp. _____, Wt. _____

TB SKIN TEST AND COPY OF RESULTS REQUIRED PRIOR TO ANY RESIDENT CONTACT AND YEARLY THEREAFTER.

YES NO This employee has received a PPD screening and has no apparent signs of infectious disease. Include results of Mantoux or a Chest X-Ray report.

Received PPD Date: _____ Results: _____ MM
 Chest X-Ray Other _____

I certify that this employee is free from signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal staff to resident contact.

Examiner's Signature: _____

Date: _____

To be completed by prospective employee prior to exam:

Current Medications: _____

Allergies: _____

Surgeries: _____