Central City Community Health Center

Serving The Counties Of
Los Angeles, Orange,
Riverside & San Bernardino

Annual Health Exam Form

It is policy of Central City Community Health Center that all employees and volunteers complete an annual health examination. Please have your physician complete the form below.

_____ has completed a routine health examination on _____
(Name) (Date)
and is able to perform required duties as a _____ at Central City
(Position Title)
Community Health Center.

I certify that no health conditions pose a hazard to employee, co-workers, patients, or visitors at Central City Community Health Center.

_____ _____
Physician's Name Telephone Number

_____ _____ _____ _____
Address City State Zip Code

_____
Physician's Signature

Physician Impressions:

_____
_____

PPD Results **Date Read: _____** **Interpretation: _____**

Chest X-Ray Report (If PPD Positive:

_____
_____

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