

THE NEW YORK EYE AND EAR INFIRMARY
Reappointment 2011-2013

Health Status Evaluation For:

(Please Print Name)

HOSPITAL POLICY MANDATES THAT THE HEALTH EXAMINATION MAY NOT BE PERFORMED BY A PHYSICIAN OR ALLIED HEALTH PROFESSIONAL WHO IS A FIRST DEGREE RELATIVE, SPOUSE, SIGNIFCANT OTHER OR BUSINESS PARTNER.

- This is to certify that to the best of my knowledge the above named applicant is in good health and is mentally and physically competent to carry out his/her responsibilities as a member of the attending staff of The New York Eye & Ear Infirmary.
- I further certify that I have completed a history and physical examination of the above-named individual, including the following: past history, family history, review of systems, allergies, medications, and habits, and that documentation of same are maintained in a medical record in my office.
- As required by New York State law, I have determined to the best of my ability that the above named individual is free from any apparent health impairment which is potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addition to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

• **Tuberculin**

Skin Test (PPD): Result: _____ (Neg. Ø / Pos. _____mm)

Date planted: _____ Date read: _____

Lot #: _____ Lot Expiration date: _____

Note: If Negative; a PPD is required every two years. If Positive, your physician will be attesting to the absence of any active disease.

Examining physician please note: Any untruthful statement may be grounds for disciplinary action by institutional and licensing authorities.

Signature of Examining Physician

Date of Evaluation

Print Name

Office Address

Office Phone

License No.

State

Created 12.4.06, Revised 6.22.08