7951 Ron Beatty Blvd.
Micco, FL 32976
Office: (772) 664-9996
Fax: (772) 664-9929

4676 N. Wickham Road
Melbourne, FL 32935
Office: (321) 253-4430
Fax: (321) 253-1993

830 Park Ave.
Titusville, FL 32780
Office: (321) 268-9144
Fax: (321) 268-9148

TB TESTING AND COMMUNICABLE DISEASES STATEMENT

Date: _______________

Positive: _________ Negative: ___________

Read By: ____

This is a statement to say that ____
is free from apparent signs and symptoms of other communicable diseases and received a negative T-B test on _____________

Physician's Signature:____

Date: ____

Revised 2/26/2020

Aspen State Regulation Set: D 2.06 Adult Day Care

A signed statement from a Florida licensed physician, a Florida licensed health care provider under the direct supervision of a physician, or a county public health unit, that the employee is free from tuberculosis in a communicable form, and free from apparent signs and symptoms of other communicable diseases. The statement must be signed no less than forty-five days prior to beginning work in the Center.