



Health Statement

Name of Employee: _____

As part of your preemployment information needed for TEHC Healthcare, you are required to have a health screening within 90 days of hire. Please provide this form to your medical provider to complete.

I have examined the above-named individual and have found him/her to be in good health and that the employee is free from any apparent signs or symptoms of communicable disease.

Full Name of Provider

Title

Signature of Provider

Date