



CARING PERSONAL TOUCH 2-Step TB TEST FORM

Applicant/Employee Name: _____

Address: _____ Phone: _____

Date Of birth: _____ Job Title: _____

I hereby authorize the release of the information below to Caring Personal Touch LLC.

Applicant/Employee Signature: _____

_____ **TO BE COMPLETED BY APPLICANT/EMPLOYEE'S PHYSICIAN or RN** _____

The above-named person has applied for employment or is currently employed by Caring Personal Touch. In accordance with Federal and State regulations, it is our company policy to require a TB Test for all health care workers. Thank you for completing the following information, and review of the personal history included.

This applicant/employee was interviewed and examined by me. I found no evidence of health or communicable diseases and believe this individual is capable to provide Home Care services without restrictions.

Step #1

Date applied _____

Date read _____

Results _____

Step #2

Date applied _____

Date read _____

Results _____

Comments: _____

Physician/RN Signature: _____

_____ Date: _____

Address: _____

_____ Phone: _____