

ROSSYBRIGHT, LLC  
A Home Healthcare Provider  
5680 King Centre Dr., Suite 600  
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**Statement of Good Health/Free of Communicable Disease(s)**

**Explanation and Instruction:**

Our company policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last twelve months. The employee must show no apparent signs or symptoms of communicable disease.

**Statement to be signed by a Physician or appropriately licensed Healthcare professional.**

\_\_\_\_\_ was examined by me on \_\_\_\_\_. He/She is in adequate health to perform home health duties and show no apparent signs or symptoms of communicable disease.

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

A PPD test was done in this office on \_\_\_\_\_ by \_\_\_\_\_.  
and read on \_\_\_\_\_ by \_\_\_\_\_.

Rt. Forearm \_\_\_\_\_ Lt. forearm \_\_\_\_\_

Result: \_\_\_\_\_ If redness present; size/description \_\_\_\_\_.

Manufacturer name: \_\_\_\_\_ Lot number: \_\_\_\_\_