

**1st Nurse Registry**

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## Employee Health Statement

(To be filled out by the employee's Physician)

I have examined \_\_\_\_\_ on \_\_\_\_\_ and have found no condition that should prevent or interfere with the performance of his/her duties. I have found no apparent signs or symptoms which might pose a health hazard for clients under his/her care and no evidence of a communicable disease, including tuberculosis.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

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(Please print Physician's name and address)