

*Morgan Estates*  
*Assisted Living Community*  
4588 Morgan View Road ❖ Geneseo, New York 14454  
Phone (585) 243-6000 ❖ Fax (585) 243-0286

**EMPLOYEE MEDICAL STATEMENT**

EMPLOYEE NAME: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above mentioned employee has been examined and is free from any health impairment which is of potential risk to residents or which might interfere with the performance of their work duties. The employee is also free from any clinical diseases in communicable form.

This individual does not suffer from a degree of mental illness, habituation to alcohol or other drugs such that the individual causes, or is likely to cause, danger to himself or others or is unable to perform his/her assigned duties.

Physician signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MANTOUX (PPD) TEST**

DATE GIVEN: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE READ: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

RESULTS: \_\_\_\_\_

TITLE: \_\_\_\_\_

NOTE: This information has been compiled solely for the use of Morgan Estates and its specific employment requirements. Neither Morgan Estates nor the examining medical personnel accept any liability for other uses of this information.

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**RESIDENT SERVICES - NEW HIRE ONLY**

VACCINATION	DATE OF VACCINE	DATE OF 2 <sup>nd</sup> VACCINE
*Measles	____/____/____ <small>*Not necessary if born before January 1, 1957</small>	____/____/____
Mumps	____/____/____	____/____/____
Rubella	____/____/____	____/____/____

Physician signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TITER DRAWN**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RESULTS: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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