



11510 Georgia Avenue, Suite 211
Silver Spring, Maryland 20902
Phone: (301) 933 7474 Fax: (301) 933 7878
www.knowledgefirstinstitute.com

HEALTH CERTIFICATE

Date: _____

Name: _____ Sex: _____

Address: _____

Date of Birth: _____

I have examined the above named person and certify that he/she is:

1. Free from communicable disease
2. In satisfactory physical condition

In addition to a general physical examination, following test have been performed:

PPD _____ Date: _____ Result: _____

Chest X-Ray _____ Date: _____ Result: _____

Comments:

Date of Exam: _____ Signature of Physician _____

Address: _____ Phone: _____