

## **Results of Physical Examination**

Employee Name \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

This is to certify that on \_\_\_\_\_\_ above employee completed a physical examination, health care provider found him/her to be free of contagious disease and physically and mentally satisfactory for a position with CMCSS.

Medical History form was removed from personnel file to protect employees Private Health Information in accordance with HIPAA.