



# EXPRESS

## TRAINING SERVICES

*"Getting your career on the right track"*

Student Name: \_\_\_\_\_

### Statement of Good Health

I certify that this person appears to be free from communicable disease, and is able to perform personal care services for others without transmitting disease.

Yes

No

Comments: \_\_\_\_\_

\_\_\_\_\_

I also certify that this person is capable of performing the regular job duties, which may include lifting, moving, bending, and stooping.

Yes

No

Comments/Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Doctor, PA, or ARNP Signature

\_\_\_\_\_  
Date