



STATEMENT OF PHYSICAL EXAM

I have examined _____ and have found him/her to be in satisfactory health and able to perform the duties of a hospice volunteer as assigned.

Signature _____ Date _____

Printed name of physician _____

Address _____

Phone _____

A current PPD (within 6 months) is required for all new volunteers. If you have performed a PPD on this patient within the last 6 months, please give us the following information.

PPD Date: _____ Results: _____

(In the event the patient has had positive PPDs in the past, then a negative chest x-ray current within 5 years is required. A chest x-ray in lieu of a negative PPD is not acceptable.)

Chest X-ray Date: _____ Results: _____

Physician's signature: _____

Please return this form to: Montgomery Hospice
Volunteer Manager
1355 Piccard Drive, Suite 100
Rockville MD 20850
301-921-4400
FAX: 301-921-4433