**Volunteer Healthcare Provider Statement of Personal Fitness**

The Federal Tort Claims Act’s Free Clinics Malpractice Insurance Program requires that each volunteer healthcare provider submit a statement from a licensed physician confirming their health, fitness, or ability to perform the requirements of the volunteer position, including TB test results and immunization status.

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and find he/she is able to

perform the requirements of the volunteer position without difficulty.

TB test result: Quantiferon Gold test date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or if having PPD skin testing, two tests are recommended, tests should be 1-3 weeks apart.

PPD #1 date\_\_\_\_\_\_\_\_\_\_\_\_\_Result\_\_\_\_\_\_\_\_\_\_\_PPD#2 date \_\_\_\_\_\_\_\_\_\_\_\_\_ Result\_\_\_\_\_\_\_\_\_

Immunization Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Printed Name of Licensed Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised July 2015*