

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: _____