



Statement of Physical Exam

To be completed by prospective volunteer's physician:

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

City

State

Zip

Phone _____

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

PPD Date _____ Results _____

In the event the patient has had positive PPDs in the past, then a negative chest X-ray (within five 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 completed form to:

Montgomery Hospice

Attn: Volunteer Services

1355 Piccard Drive, Suite 100

Rockville, MD 20850

301-921-4433 (fax)

volunteerservices@montgomeryhospice.org