



Statement of Physical Examination

To be completed by prospective volunteer's physician:

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

Physician's Name (Print) _____

Physician's Signature _____

Office Address _____

City _____ State _____ Zip _____

Office Phone Number _____

Statement of TB Test

A current PPD (within six months of the first date of volunteer training) is required for all new volunteers. You may submit your PPD results directly or have your physician complete the information below:

PPD Date: _____ Results: _____

If you have had positive PPDs in the past, a negative chest x-ray (within five years of the first date of volunteer training) may be submitted. *A chest x-ray may not be used in lieu of a negative PPD.*

Chest X-ray Date: _____ Results: _____

Physician's Signature _____

Please return this completed form to:

Montgomery & Prince George's Hospice
Attn: Volunteer Services
700 King Farm Blvd. #400
Rockville, MD 20850

DKearney@montgomeryhospice.org