



Healthworks
1905 Altherholt Road
Lynchburg, Virginia 24501
Phone: (434) 200-6939
Fax: (434) 200-6934

Certificate of Health Short Term Observation Education Experience

I _____, certify that I do not have any health problems that may pose a risk to hospital patients or staff. I am free from contagious or infectious disease, do not have any symptoms of illness and am feeling well.

The short term education experience will take place with _____
in the department of _____.

You must provide a record of a TB Skin Test (TST) that has been administered and read within the last 12 months.

Signature

Print Name

Parent Signature (if student is a minor)

Company/School/Pre-employment shadow

Date of Birth

SSN#

Thank you,

Healthworks