



## PHYSICIAN'S STATEMENT

Dear Physician:

\_\_\_\_\_ is being considered for a position at Essential Therapeutic Perspectives, Inc., an Outpatient Mental Health Clinic. We are required to request of all staff a physical examination, TB test results, and a statement from a physician stating that the individual is free from communicable disease. The position requires that the stated applicant work with individuals and families who are in need of mental health services and we must be assured that the applicant is physically and mentally capable of performing the required duties of the job without risking their own health or that of our consumers.

Please remit form to:

**Essential Therapeutic Perspectives, Inc.**  
**Human Resources Department**  
**8100 Professional Place**  
**Suite 200**  
**Landover, MD 20785**

Physician's Comments:

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TB Test Results: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Address:** (please print legibly, type or stamp in space below)