Vista Rehab Services, P.A.
Serving persons with special needs

Director
Kathleen McEwen, MS CCC

185 Green St. Suite 100, Woodbridge, NJ 07095
Tel. (732)634-5980 Fax (732)634-9508
Email: vistarehabservices@gmail.com

PHYSICIAN'S STATEMENT

Patient: _____

Address: _____

_____

Physician:

Address: _____

_____

STATEMENT: The above named patient has been examined and has been found free of all communicable diseases and is able to function as a health care professional

_____ _____

IMMUNIZATION RECORD

Date of Rubella (German Measles)

Date of Mantoux/P.P.D.

DOCUMENTATION OF HEPATITIS B IMMUNITY

As a therapist you are categorized as a Category I worker. Please check one of the following:

_____ 1. I have previously received Hepatitis B vaccine. Year _____

_____ 2. I have had Hepatitis B disease in the past.

_____ 3. I decline the Hepatitis B vaccine at this time.

Signature: _____ Date: _____