

# Maple Hill Community

Colburn Road  
Temple, NH 03084  
603-878-0717  
fax 603-878-5031  
e-mail [maplehill@monad.net](mailto:maplehill@monad.net)

Patient's Name \_\_\_\_\_

Date of Visit \_\_\_\_\_ Doctor's name \_\_\_\_\_

**1. Relevant Findings / DX**

**2. Date of Mantoux test:**

Results (circle one)      positive      negative

**3. This co-worker is free of communicable disease (circle one)      Yes      No**

**3. Employee is in appropriate physical and mental health to carry out all responsibilities (circle one)**

Yes      No

---

Doctor's Signature

Date