

GOOD CARE AGENCY
2671 CONEY ISLAND AVENUE
BROOKLYN, NY 11235
TEL. 718-635-3535
FAX 718-635-0777

Dear Physician,

Please note that the following items are required by the NYS Department of Health in order to work for our agency:

- Physical exam form signed, stamped and filled out by the doctor
- Annual PPD - result must be in mm+/-
If history of positive result we need:
 - * Copy of last CXR report
 - * Note saying that they have no signs or symptoms of active TB
- Evidence of rubella titer or rubella vaccine (separate report)
- Evidence of measles (rubeola) titer or measles vaccine (separate report)(
(ALL employees born before 01/01/1957 are exempt from measles)
- Annual Drug Screen (separate report)

The faster these requests are done the quicker this person can begin to work.