Name of Examinee_____ Social Security Number_____

Appalachian Regional Healthcare, Inc.

Work Place Safety Screening

A. COVID-19 Laboratory Tests

INSTRUCTIONS: COVID-19 testing is required. This test is required to comply with ARH post offer screening procedures. Some test **may be required** by ARH or approved by ARH to further evaluate conditions detected on the medical history form and/or during the physical examination. For the test performed, indicate below whether the results were normal or abnormal and document any abnormal results in section B. **Copies of all laboratory reports should be attached to this form as part of the permanent record.**

Required Test:	**Results**
A. COVID-19 (Coronavirus Testing)	_____Negative _____Positive

B. Additional Notes

INSTRUCTIONS: Use this section to summarize any abnormal diagnostic or laboratory test results, and any other relevant information obtained during your testing. Please remember that all testing information is confidential and will be used solely for the purpose of the ARH post screening employment process.

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Signature of examining heath care provider: _____ Date_____

Printed name of examining health care provider: _____ Date_____