MINNEAPOLIS SCHOOL BASED CLINICS program

Supplemental Physician Statement

A program of the Minneapolis City of Lakes Department of Health & Family Support

To be completed by physician
Was the employee informed of the results of the evaluation? ❑ No ❑ Yes
Was the employee informed of any need for further follow-up? ❑ No ❑ Yes
Is Hepatitis B vaccination needed? ❑ No ❑ Yes, was it given? ❑ No ❑ Yes
Distribute to
❑ Employee ❑ Employer (for supervisor and personnel officer) ❑ Employee's PMD