



**Healthworks**  
 125 Nationwide Drive  
 Lynchburg, Virginia 24502  
 Phone: (434) 200-6939  
 Fax: (434) 200-6934

## Certificate of Health Short Term Observation Education Experience

I certify that I do not have any health problems that may pose a risk to hospital patients or staff. I am free from contagious or infectious disease, do not have any symptoms of illness and am feeling well.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Required-Used for record keeping and compliance tracking purposes only)

Parental Signature: \_\_\_\_\_

Centra Site/Campus: \_\_\_\_\_

Centra Preceptor: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**You must provide a record of a TB Skin Test (TST) that has been administered and read within the last 12 months and remain current during your observation time at Centra.**

Thank you,  
 HealthWorks/Centra Employee Health

Nurse Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Short term observation is defined as twenty (20) hours or less.