

American Steamship/Liberty Steamship

ADDENDUM to CG-719K

SAILOR COMPLETES: Name _____

<i>How</i> do you wish to be contacted? Please include contact information below:	
Address _____	Home Phone _____
_____	Cell Phone _____
_____	e-mail _____
Job Title: _____	

CLINIC COMPLETES:

URINE:	Blood	Protein	Sugar	Specific Gravity

TST (Mantoux) - - - <i>ONLY</i> for <u>Food Handlers/Galley Workers</u>	
Date/Time Given	Date/Time Read
0.1 ml PPD	Lot#
L R Forearm	_____ mm Induration
Given By	Read By

I certify that this **Food Handler/Galley Worker** is free from communicable disease.

Medical Provider's Signature _____

MEDICAL PROVIDER COMPLETES:

Medical Provider Name (Printed) _____

Medical License# _____

Medical Provider Address _____

Office Phone Number _____

FAX with CG-719K to St. Luke's Occupational Health at **218-249-6828**