



STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES

FREE FROM CONTAGIOUS DISEASE FORM

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

Individual's Name: \_\_\_\_\_

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

Based upon the individual's: (check as appropriate)

- Current Physical Evaluation
- Provider Information
- Family Information
- Current Medical File
- Other

**There appears to be no contagious disease.**

Confirmation will be provided within 72 hours by a physician's review.

"This statement is signed with the full understanding that my awareness whether this client is 'free from' or has been exposed to contagious disease is limited to mere observation and the accuracy of information shared by others.

It is further understood that visual observations are made without formal / informal medical or public health training."

\_\_\_\_\_  
Signature

DDD Community Services Offices, Southern Region:  
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Juniper Plaza, 3499 Route 9 North, Suite 1-J, Freehold, NJ 07728: TELEPHONE: 732-863-4500/FAX: 732-863-4406  
5218 Atlantic Avenue, Suite 205, Mays Landing, NJ 08330 - TELEPHONE: 609-476-5200/FAX: 609-909-0656  
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TDD Users Can Call Through N.J. Relay 1-800-973-7899  
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