

**University of Colorado Denver
School of Medicine**

CU GME RESIDENT

REQUEST FOR TEMPORARY WAIVER OF ANNUAL PPD REQUIREMENT

Date _____

Name of Resident requesting waiver

Reason for waiver request

I (resident) agree to arrange for my annual PPD as soon as possible, and will contact Kristin Lee at KJL HealthCare Management, Inc by e-mail klee80111@comcast.net on or about _____ to arrange for PPD testing.

Signed

Date

Pager #

Forward this completed form to:
KJL HealthCare Management, Inc.
10746 E. Dorado Ave.
Englewood CO 80111

or fax to: 303-290-6794

Printable version online at <http://www.uchsc.edu/gme/heaform.htm>
2/2008