

Staff Health Status

SELECT ONE BELOW:

_____ - I certify that this employee can perform all the above tasks with no limitations.

_____ - I certify that this employee cannot perform all of the above tasks, the limitations are listed below as well as guidelines and/or instructions to follow while on duty.

I certify that _____ is in good health, including free from communicable diseases that are detrimental to the participants, (including tuberculosis), and otherwise fit for employment. This report shall be signed by a licensed physician or a licensed physician assistant.

Date of screening: _____

Date of results: _____

Results: _____

Physician/PA or Nurse

Date

Address: _____

Phone number: _____

Return to:

Silver Linings Personal Care Home, Inc.
407 Harvey Street
Stapleton, GA 30823
706-547-3060
706-547-3061 (Fax)