

FAMILY CHOICE HEALTH CARE

PHYSICAL FORM

Applicants/Employee Name _____

_____ Date

Family Choice Healthcare employs Registered Nurses as supervisors and Home Care Attendants, who assist clients with the Activities of Daily Living (ADL), i.e. toileting, household duties, assisting with transferring and other simple task. Employees are in close contact with clients in the client’s home. The clients have various illnesses and disabilities. Employees work from a plan of care approved by the client’s Health Care Provider that may include lifting and/or turning etc. in the course of providing client care.

This form must be completed by the examining Physician/Nurse Practitioner to certify that the applicant/employee is physically and mentally capable of performing supervisory and/or personnel care duties.

I have examined _____ on _____ and have determined that he/she ___(is) ___(is not) capable of performing personnel care duties for clients serviced by Family Choice Healthcare.

Comments:

Examining Provider’s Name/Title (please print)

_____/_____
(Date)

Office Number: _____

You may return completed forms to:

Family Choice Healthcare
4601 Forbes Boulevard, #320
Lanham, Maryland 20706
888.358.1341 ext.103
Fax: 301.200.4723