

FAMILY CHOICE HEALTH CARE

PHYSICAL FORM

Applicant/Employee Name

Date

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

The statement below must be completed by an examining Physician/Nurse Practitioner to certify that the applicant/employee is physically and mentally capable of performing supervisory and/or personal care duties.

I have examined _____ (employee name) on
_____ (date) and have determined that he/she _____ (is)
_____ (is not) capable of performing personal care duties.

Comments: _____

Physician Name/Title (PRINT)

Date

Physician Office Number

Please return to:

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