



PHYSICAL EXAMINATION FORM

Applicant/Employee Name

Date

Family Choice Healthcare employs Registered Nurses as supervisors and Home Health Aides, who assist clients with the Activities of Daily Living (ADL), i.e. toileting, household duties, assisting with transferring and other simple tasks. 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 Physical Examination 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 personal care duties.

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

Comments:

Examining Provider's Name/Title (please print)

Date: _____

Office Number: _____

You may return this completed form to:

Family Choice Healthcare
4601 Forbes Boulevard, #320
Lanham, MD 20706
Office Number: 1.888.358.1341 ext. 104
Office Fax: 301.200.4723