

CONTRACTOR PHYSICAL EXAMINATION FORM

(Needs to be completed prior to assignment)

Contractor's Name: _____

Dear Physician,

The above named contractor is applying to be a personal care provider. This job requires assistance with activities of daily living, such as bathing, dressing, toileting, assisting with transferring and ambulating, and limited household chores. As provider, he/she will be caring for individual(s) with various disabilities and illnesses and it might be necessary that he/she lifts or turns the individual in bed. The provider must be physically capable of providing personal care and have a positive attitude toward the sick and disabled. The provider must also be able to read and write and have the ability to understand and carry out the plan of care as instructed by the registered nurse. After you have examined the applicant, please complete and sign this form and return it to him/her.

General: Date of birth _____ Temperature _____ Pulse _____ Respiration _____
 Blood Pressure _____ Weight _____

Please put *WNL* (within normal limits) if findings are normal or describe any abnormalities.

Skin _____	Lungs _____
Head and Neck _____	Blood Vessels _____
Ears/Nose/Throat _____	Abdomen _____
Eyes _____	Extremities _____
Neurological _____	Heart _____
Lymph Nodes _____	Speech _____
Chest/Breast _____	Mental Health _____

Is patient free of communicable diseases? Yes No

If "No" please describe:

TB test: (Please circle one): Chest X-Ray TST Date: _____

Result: _____

Hepatitis B test: Yes No Result: _____ Date: _____

Hepatitis B vaccination: Yes No Date: _____ Vaccination Declined:

Electrocardiogram (if indicated) _____

Current medical problems:

I have examined the above named contractor and determined that he/she IS IS NOT capable of performing personal care services.

Physician's Signature: _____

Physician's Name: _____ Date: _____

Address and Phone: _____

For TB and Hep B test results: please submit original x-ray report, lab report, or physician's statement on office stationary. Alternatively, please affix a signature stamp.