SUNFLOWER HAVEN
Comfort, Safety, & Serenity

NURSE ASSISTANT/HOME HEALTH AIDE/PERSONAL CARE ATTENDANT

PRE-EMPLOYMENT PHYSICAL EXAMINATION FORM

OFFICE MUST INCLUDE FACILITY STAMP ON BOTH PORTIONS OF THIS FORM

Name _____Sex M_____F _____Birthday _____/_____/_____
Address_____City_____Zip _____Phone _____

Have you had a serious illness, injury, or surgery? If so, describe:
_____
_____

TO BE COMPLETED BY EXAMININING PHYSICIAN/NURSE PRACTIONER
PLEASE COMPLETE ALL SECTIONS

1. Current complaints or disabilities pertinent to the APPLICANT'S job requirements as a Nurses Assistant/Home Heath Aide or Personal Care Attendant - APPLICANT should provide Medical Provider with a copy of their signed Job Description.
_____
_____

2. Medication used: Prescription and over the counter (Use back if necessary)

Name	Reason	Frequency
_____	_____	_____
_____	_____	_____

3. Significant medical history: Major illness, accidents, deformities, surgeries, back problems, hepatitis, etc.
_____
4. Examination Comments and Findings:
_____
Normal Physical, patient able to participate in class physical activities. **(Circle one)** YES NO
_____

Lifting Capacity
_____ lbs

The above named has no communicable, disabling disease or any health condition that would create a hazard to himself fellow employees, visitors or to patients at this time. He/She is able to perform the physical activities required for the program for which the individual is applying.

Medical Examiner: _____ Phone #_____
Address: _____
City/State/Zip: _____

Facility Stamp

Signature: _____Date_____
Physical (M.D.), (NP) or Physician's Assistant signature

Applicant's Signature _____

I give permission to release a copy of this form to affiliating clinical facility or care agency.

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Name of Applicant: _____

Facility Stamp

Required Screening for Tuberculosis **(Within 6 months of class)**
PPD (Attach Report Form) **Date given** _____**Date read** _____
PPD Results _____

Chest x-ray [only if P.P.D. is positive] Date _____**Results** _____

DOCTOR REPORT MUST ACCOMPANY ALL CHEST X-RAY RESULTS.