Schwartz Family Home Care

Since 2002

STATEMENT OF GOOD HEALTH

After examination _____ has been found to be physically and mentally able to perform the duties of _____, and is free of communicable disease. He/she was also found to be in good health and able to provide services to individuals with compromised health.

Date of Physical Exam: _____

Physician's Signature:_____
Only an M.D., D.O., ARNP or a Physician's Assistant can certify clearance of communicable diseases

Print Name of Physician: _____

_____
Physician's office Telephone & Address
(Must Be Stamped by the Physician's Office)

Schwartz Family Home Care
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