Helping Hand
HEALTHCARE SERVICES

Employee Health Statement

HOME HEALTH CARE

(To be filled out by the employee's Physician)

I have examined _____ on _____and have found no condition that should prevent or interfere with the performance of his/hers duties. I have found no apparent signs or symptoms which might pose a health hazard for clients under his/her care and no evidence of a communicable disease, including tuberculosis.

_____ _____

Signature of Physician Date

_____

(Please print Physician's name and address)