

Kristie Jo's Love, Comfort and Care LLC

Employee Physical Examination Form

(Please complete in English)

As a condition for employment with Kristie Jo's Love, Comfort and Care LLC, you must SUCCESSFULLY pass an examination to determine that you are in good health and free of tuberculosis. In addition, your physician must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read, within the last 90 days to comply with the California Department of Social Services requirements for Home Care Aides (HCA) and/or its employees of the Home Care Organization (HCO).

Signature of Employee

Date

TO BE COMPLETED BY PHYSICIAN: (MUST BE PERFORMED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE AND SURGERY).

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ B/P: _____

TB Test- Date Done: _____ TB Test-Date Read: _____ Result: _____ MM

If positive, chest x-ray Date Done: _____ Result: _____ Date TB prophylaxis initiated: _____

| | NORMAL | ABNORMAL | If abnormal, Comments: |
|-------------------|--------|----------|------------------------|
| SYSTEM | | | |
| Skin | | | |
| Eyes | | | |
| Ears | | | |
| Nose | | | |
| Throat/Dental | | | |
| Cardiovascular | | | |
| Respiratory | | | |
| Gastro Intestinal | | | |
| Genito-Urinary | | | |
| Neurological | | | |
| Musculoskeletal | | | |
| Other | | | |

Summary of Findings:

I hereby certify that I have examined the above applicant and the above is a complete and accurate assessment of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License #: _____ Physician Signature: _____

Address: _____ Phone: _____