ReSolve Support Services

STAFF MEDICAL

GENERAL INFORMATION

(to be completed by employee)

NAME: _____

ADDRESS: _____

PHONE No: _____ SEX: _____ DATE OF BIRTH:_____

PHYSICAL EXAMINATION:

(To be completed by a licensed physician)

This individual has been hired for a position with RESOLVE SUPPORT SERVICES, which will entail working with seniors, developmentally, physically, and mentally challenged individuals. In the course of your examination, please note any medical problems of which we should be aware.

GENERAL ASSESSMENT:

Is the individual physically fit for his/her duties that may require physical exertion?

	YES	NO
Cardiovascular	( )	( )
Musculoskeletal	( )	( )
Sensory (vision/ hearing)	( )	( )
Other system	( )	( )

Are there any conditions restricting the physical ability to work:

_____

_____

_____

IMMUNIZATIONS:

Is this individual fully immunized?

( ) POLIO **( ) TETANUS** **( ) MEASLES**

( ) MUMPS **( ) RUBELLA**

ReSolve Support Services

DATE OF MOST RECENT BOOSTER:

_____

ALLERGIES;

Is this individual allergic/ sensitive of any of the following?

( ) PENICILIN	**( ) INSECT STINGS**	**( ) OTHER DRUGS**
( ) FOODS	**( ) ANIMALS**	**( ) OTHER**

Specify:

_____

_____

_____

This is to certify that I examined_____ and reviewed his/her laboratory test results. I have found him/her not a carrier of Hepatitis B, free from active tuberculosis, and free from other communicable and contagious disease. I believe he/she is fit to undertake his/her duties associated with his/her position with RESOLVE SUPPORT SERVICES.

DOCTOR'S SIGNATURE:

_____

DATE:

_____

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION:

DOCTOR'S NAME

_____

ADDRESS:

100 Consilium Pl #200, Scarborough, ON M1H 3E3, 416-3388-9152 - info@resolvesupportservices.com