

TRIMED HEALTHCARE, LLC
Nurse Assistant/Home Health Aide/ Patient Care Aide- EMPLOYEE
PHYSICAL EXAMINATION FORM

Name _____ (Sex) M ___ F ___ Birthdate _____

Address _____ City _____ State ___ Zip _____ Phone _____

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

TO BE COMPLETED BY EXAMINING PHYSICIAN/NURSE PRACTITIONER

1. Current complaints/disabilities pertinent to the employee's work in Nurse Assistant, Home Health Aide or Patient Care Aide or Direct Care Worker :

2. Medications used: Prescription and over-the-counter (use back if necessary)

NAME INDICATION FREQUENCY

3. Significant medical history: accidents, deformities, surgeries, back problems, communicable diseases, etc.

4. Examination comments and findings relating employee's ability to work in direct care:

REQUIRED TUBERCULOSIS SCREENING

Two Step PPD:

P.P.D. (Within 6 months) Date _____ Results Chest X-ray (If P.P.D. is positive) Date Results _____

P.P.D. (Within 6 months) Date _____ Results Chest X-ray (If P.P.D. is positive) Date Results _____

RECOMMENDED IMMUNIZATIONS: Not required.

Please give dates and provide copy of immunization record or serological confirmation.

Diphtheria & Tetanus 1st _____ 2nd _____ 3rd _____ Booster required every 10 years.

Polio (completed series) 1st _____ 2nd _____ 3rd _____ Booster (year taken)

Rubeola 1st _____ 2nd _____ or documented physician diagnosis of serological immunity

Rubella Date given _____ or serological confirmation of immunity _____

The above named has no communicable or disabling disease nor health condition that would create a hazard to himself or herself, visitors, consumers or patients at this time. He/she is able to perform the physical activities required for the delivery of direct care.

Examiner name and signature: _____ Date _____

Address _____ Phone: _____

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

Employee signature _____ Date: _____

ATTACH P.P.D. AND CHEST X-RAY RESULT FORMS TriMED Healthcare, LLC