CAREGIVERS
HAPPIER AT HOME

Pre-Employment Medical Report

Consent for Release of Information:

Applicant Name: ______________________________

Position Applied for: ______________________________

Address: ______________________________

I, the applicant, do hereby request and authorize a physician / nurse practitioner to provide the following information regarding my physical and mental fitness and medical history to the Department of Health, and/or the Licensee of CareGivers Inc.

Signature of Applicant: ______________________ Date: ______________

ATTENTION PHYSICIAN / NURSE PRACTITIONER:
The above-named applicant requires a report under policies arising from the Department of Health Act, Section 22. This report is required to establish the general physical and mental fitness of the applicant to perform and undertake the duties and responsibilities associated with providing home support services and/or family support services. Please supply the information requested below on the basis of your records, medical history and physical examination.

1. Does this person have a history of infection, disease or condition likely to be a hazard to ill or disabled persons? Yes ☐ No ☐

   If "Yes", is active treatment still being given for this condition? Yes ☐ No ☐

   Comments:______________________________

2. Are there any current physical or mental health problems which would make it difficult for this person to perform duties required by a Home Support Worker? Yes ☐ No ☐

   If "Yes", please comment:
   ____

3. What is the last date of immunization, for the following: (If this is not available, the individual must obtain records from RIHA.)

   Diphtheria, Tetanus, Polio, Pertussis ______________ Mumps: ____________

   Rubella: ______________ Measles: ______________

   Signature of Physician / Nurse Practitioner: ______________________________

   Address: ______________________________

   Date: ______________________________

NOTE TO APPLICANT: WHEN COMPLETED PLEASE FORWARD REQUIRED DOCUMENT BY EMAIL OR DROP OFF TO YOUR LOCAL OFFICE IN AN ENVELOPE MARKED "CONFIDENTIAL" ATTN: RECRUITMENT