



SAMARITAN BED AND BATH SERVICE Inc.

HEALTH ASSESSMENT FORM

According to DHEC Regulation 61-122, Standards For Licensing In-Home Care Providers, Section 400A, all staff members and caregivers who have contact with clients shall have a health assessment within twelve (12) months prior to initial client contact. Therefore I authorize the release of my recent medical examination findings pertinent to my employment with Samaritan Bed and Bath Services, Inc. as asked below.

Applicant/Employee Signature

Date



Authorized Health Provider (Physician, Nurse Practitioner, or Physician's Assistant only – according to state law) to complete information below:

- ☐ Is in good physical and mental health
- ☐ Is free from communicable disease
- ☐ Is able to perform the job duties of a Non-Medical In-Home Care Provider/Professional assigned to work in a variety of settings without any physical limitations. If limitations exist, please explain: _____
- ☐ Has no medical condition that would be aggravated or interfere with the use of respiratory protection (N95)
- ☐ Should not be required to wear respiratory protection (N95)
- ☐ Has Latex allergies with the following restrictions: _____

Authorized Health Provider's Printed Name

Telephone Number

Authorized Health Provider's Signature

Date

Authorized Health Provider's Practice Name and Address or Stamp