STAFFING ON THE GO

PHYSICIAN STATEMENT

Patient Name:	***Date***
Address:	
City:	
State: ***Zip:***	***Phone:***
Email:	***Cell:***

Medical Information

Physician: _____

___ I have examined the above patient, and he/she is free from communicable disease

___ there are no lifting restrictions, and the applicant can physically perform personal care services

___ there is no apparent evidence of substance abuse

Comments:

Signature: _____ Date: _____