



**CARING PERSONAL TOUCH LLC PHYSICAL EXAMINATION FORM**

Applicant/Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Of birth: \_\_\_\_\_ Job Title: \_\_\_\_\_

I hereby authorize the release of the information below to Caring Personal Touch LLC.

Applicant/Employee Signature: \_\_\_\_\_

\_\_\_\_\_ **TO BE COMPLETED BY APPLICANT/EMPLOYEE'S PHYSICIAN** \_\_\_\_\_

The above-named person has applied for employment or is currently employed by Caring Personal Touch. In accordance with Federal and State regulations, it is our company policy to require a physical exam for all health care workers. Thank you for completing the following information, and review of the personal history included.

This applicant/employee was interviewed and examined by me. I found his/her health status adequate for work in the health care field. I found no evidence of health or communicable diseases and believe this individual is capable to provide Home Care services without restrictions.

Yes\_\_\_\_\_ No\_\_\_\_\_

Comments: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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