Dependable Nursing Services, Inc.

***Certificate of Health***

A certificate of health is required to protect the health and welfare of our employees and those with whom they have contact. ***Dependable Nursing Services, Inc.*** reserves the right to condition employment, upon receipt of a satisfactory health certificate, issued by a licensed Physician/ ARNP. Whenever an employee suffers an illness, injury or disability, the employee may be asked to provide a physician’s statement that verifies the nature of the illness, injury or disability, beginning and ending dates, the employee’s ability to work, and any associated risks to the employee, co-workers or clients. All medical data collected for this Certificate of Health is kept confidential.

# Name:

**Position:**

**Hire Date: PPD Skin Test Date:**

**Results Reading Date:\_**

**Positive: Negative:**

**If Indicated Chest X-Ray: Physical Exam:**

**Describe any limitations or Restrictions:**

The person listed above is physically, medically and mentally, qualified to perform the duties assigned. This person has no health condition that would create a hazard to clients and is free from all communicable diseases.

/

# MD/ ARNP Signature NPI#

**Office Number:**

**Date of Exam:**

**Fax Number:**

I , certify that I am free of any lower back ailment or any other ailments, which could prevent me from performing my duties in a satisfactory manner.

**Employee Signature: Title: Date:**

Dependable Nursing Services, Inc.

14659 Zachary Dr. East Jacksonville FL 32218-0821 Phone: 904-201-1950 Fax: 904-201-3334 Emergency: 800-516-1684 Email: dependablenursingservices@gmail.com