RIGHT ACCORD
Private Duty-Home Health Care
3900 Clark Road Suite B5, Sarasota, FL 34233
941.366.0801 | www.rightaccordhealth.com

EMPLOYEE HEALTH EVALUATION

Name _____ Social Security Number _____

Phone(s) _____ Job Title_____

Address (Street/City/ZIP)_____

_____

Family Physician _____ Phone_____

Emergency Contact _____ Phone _____

Relationship_____ Phone(s)_____

Do you have any allergies to (*select each box if you have*):

☐ Latex or Vinyl	☐ Chemicals/household products	☐ Soaps/personal care products
☐ Foods	☐ Pollens/Dust	☐ Certain types of clothing/gloves

Please list any other allergies or medical conditions you have

_____

If you have had a positive TB skin test, date of skin test conversion _____

Last chest x-ray date:_____
Results:_____

If you are pregnant or planning pregnancy, please discuss the occupational risks peculiar to your position (such as exposure to communicable diseases, exposure to cleaner/disinfectant fumes, lifting) with your physician.

If you have any conditions that may prevent you from performing assigned duties satisfactorily, these must be discussed with your employer. All information will be kept confidential.

Certification:

The information on this health evaluation is complete and accurate to the best of my knowledge. I hereby certify that I am free of any physical, mental, or emotional condition that would be detrimental to the well-being of those in my care.

Signature_____ Date _____