RIGHT ACCORD
Private Duty-Home Health Care

3900 Clark Road Suite B5, Sarasota, FL 34233
941.366.0801 | www.rightaccordhealth.com

To be presented to your Physician or Nurse Practitioner

FIT TO WORK FORM HEALTH STATEMENT

Florida Law requires that this authorized document be provided to Right Accord Health **before** you are eligible to receive any client referrals.

EMPLOYEE NAME:

_____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE NAMED INDIVIDUAL HAS BEEN EXAMINED BY ME AND SHOWS NO EVIDENCE OF COMMUNICABLE DISEASES, AND IS PHYSICALLY FIT TO WORK.

DATE: _____

RESULTS: _____

COMMENTS: _____

_____

_____

PHYSICIAN / PHYSICIAN ASSISTANT / NURSE PRACTITIONER:

NAME: _____ **TITLE:** _____
PRINT NAME

SIGNATURE: _____ **DATE:** _____

CONTACT NUMBER: _____ **LOCATION:** _____