

The patient will be providing **non-medical** in-home care services primarily to the elderly. He/She will be assisting clients with meal preparation, light housekeeping, bathing assistance, toileting, laundry, companionship, transportation, medication reminders and transferring. **The patient will need to be able to safely lift 35-pounds.** and may have direct contact with people who are seriously ill and/or are recovering from a serious illness or a surgical procedure.

IDENTIFYING INFORMATION TO BE COMPLETED BY PATIENT

Name:

Address:

City State Zip:

Phone number ()

TB testing information

The employee has provided Home Care Of Myrtle Beach proof of:

_____ (1) negative TB test administered within the last 12-months which is attached

_____ (2) negative TB tests administered within the last 12-months which are attached

Medical Service Requested Are Marked With X

<input type="checkbox"/>	PPD /TB Test (1)	Test Administered ____/____/____	Date Read ____/____/____ Was the test clear Yes No	Induration MM _____	Doctor's Name (print)	Doctor's Signature
<input type="checkbox"/>	PPD/TB Test (2)	Test Administered ____/____/____	Date Read ____/____/____ Was the test clear Yes No	Induration MM _____	Doctor's Name (Print)	Doctor's Signature
<input type="checkbox"/>	Physical— Fit for duty Exam	On ____/____/____ I examined this patient. The patient is cleared to perform the duties described above. ____ Yes ____ No		Doctors Name (Print)	Doctor's Signature	

Doctor Contact Information

Name of Practice or Clinic

Address:

City State Zip:

Phone number ()