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Livonia Office
 32401 8 Mile Rd.
 Livonia, MI 48152
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 115 W. Allegan Ave. Suite 700
 Lansing, MI 48933
 Phone: 517-679-2670
 Fax: 616-365-9254

Kalamazoo Office
 5955 West Main
 Kalamazoo, MI 49009
 Phone: 269-353-3327
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Physician's Statement
 Pre-Employment /Annual Physical Examination

Applicant / Employee Name: _____

Job Title: _____ Social Security Number: _____

Responsibilities (Select most appropriate):

Provides direct care to patients, which may include (but is not limited to) bathing, hygiene, assisting with ambulation, transferring patients, moving and/ or using medical equipment and devices, moving and /or using medical supplies, therapy and rehabilitation exercises. Work involves significant time on feet lifting and moving patients and/or supplies.

Primarily involved in non-direct patient care. Not required to move or lift patients or objects weighing over 20 pounds, or assist with ambulation.

Other (Please describe) _____

The above-named person has been examined by me and found to be in good physical and mental health, free from back problems, agree from communicable diseases and capable of performing job responsibilities without restriction. If not please comment below:

Indicate status of the following: History of, immunization dates or immunity by titer (please attach).

Varicella _____ Rubella _____

Rubeola _____ Hepatitis B _____

TB Skin Test Date Given: _____ Date Read: _____ Induration _____ mm

Or Chest X-ray/ Screen (if positive history) _____

Physician Signature: _____ Date _____

Physician Name (please print): _____