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Email: [info@standardlivingstaffing.com](mailto:info@standardlivingstaffing.com)

STAFF MEDICAL GENERAL INFORMATION (To be completed by employee)

NAME:

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ADDRESS:

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PHONE No.: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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PHYSICAL EXAMINATION

(To be completed by a licensed physician)

This individual has been hired for a position with JODAL HEALTH CARE, which will entail working with seniors, developmentally, physically, and mentally challenged individuals. In the course of your examination, please note any medical problems of which we should be aware.

GENERAL ASSESSMENT:

Is the individual physically fit for his/her duties that may require physical exertion?

Yes No

Cardiovascular ( ) ( )

Musculoskeletal ( ) ( )

Sensory (vision/hearing) ( ) ( )

Other systems ( ) ( )

Are there any conditions restricting the physical ability to work:

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IMMUNIZATIONS:

Is this individual fully immunized?

- POLIO
- TETANUS
- MEASLES
- MUMPS
- RUBELLA

DATE OF MOST RECENT BOOSTER: \_\_\_\_\_

ALLERGIES: Is this individual allergic/sensitive to any of the following?

- PENICILLIN
- INSECT STINGS
- OTHER DRUGS
- FOODS
- ANIMALS
- OTHER

Specify:

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This is to certify that I examined \_\_\_\_\_ and reviewed his/her laboratory test results. I have found him/her not a carrier of Hepatitis B, free from active tuberculosis, and free from other communicable and contagious disease. I believe he/she is fit to undertake his/her duties associated with his/her position with JODAL HEALTH CARE.

DOCTOR'S SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION:

DOCTOR'S NAME

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ADDRESS:

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PHONE No.:

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