



Cottage Home Care Services, Inc.
25 Newbridge Rd. Ste #302
Hicksville, NY
11801

PHONE: (516) 367-2266 FAX: (516) 367-1067

HR@cottagehomecare.com

☐ Pre-Employment Physical Assessment

☐ Annual Assessment

☐ Return to work/LOA

☐ Other:

Name:	Marital Status: M S W D	Sex: M F
Address:	Social Security#	Title:

PHYSICAL EXAMINATION

HEAD/ENT:

EYES:

NECK:

BREASTS:

LUNGS:

CARDIOVASCULAR:

MUSCULOSKELETAL:

ABDOMEN:

GENITOURINARY:

CENTRAL NERVOUS SYSTEM:

COMMENTS

HT:	WT:	B/P:	PULSE:	RESP:	TEMP:
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LABORATORY TEST RESULTS

TEST	DATE PERFORMED	RESULTS Provide lab values and interpretation		
RUBELLA TITER		NON-IMMUNE	IMMUNE	LAB VALUE:
MEASLES TITER		NON-IMMUNE	IMMUNE	LAB VALUE:
PPD (ANNUALLY) / QFT	1 DATE IMPLANTED	1 DATE READ		RESULTS (mm/mm):
	2 DATE IMPLANTED	2 DATE READ		RESULTS (mm/mm):
CHEST X-RAY (+PPD)	DATE:	RESULTS:		
IMMUNIZATIONS:	DATE	DATE	DATE	
RUBELLA	1.			
RUBEOLA/MEASLES	1.	2.		
HEPATITIS B VACCINE	1.	2.	3.	
DRUG SCREEN (8 PANEL)				

☐ This individual is free from any health impairment that is a potential risk to the patient or other employees or which may interfere with the performance of his/her duties including habituated or addicted to any depressants, stimulants, narcotics, drugs, alcohol or other substances that may alter behavior.

☐ This individual is able to work with the following limitations:

☐ This individual is not physically/mentally able to work (specify reason):

Physician's Signature: _____

Lic. # _____ Date: _____

OFFICE STAMP:

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