AUGUST HOME CARE SERVICES, LLC.

1829 Reisterstown Road Suite 350 Pikesville, MD. 21208 P: 301-368-1900 F: 301-368-1911

EMPLOYEE PHYSICAL EXAMINATION

(Please complete before employment)

Name: _____ Date of Birth: _____

Address: _____

TB Test:

Please circle one Chest X-Ray PPD Date: _____

Duration: _____ Result: _____

Hepatitis B Test: Decline Vaccine _____ Accept Vaccine _____

Previously Received Vaccine Yes _____ No _____

Is patient free of communicable diseases? Yes _____ No _____

Can patient lift more than 20lbs? Yes _____ No _____

Name and Signature of examining Physician: _____

Date: _____ Phone: _____