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STAFF MEDICAL

GENERAL INFORMATION

(To be completed by employee)

NAME: _____

ADDRESS: _____

PHONE NO.: _____

SEX: _____

D.O.B. _____

PHYSICAL EXAMINATION

(To be completed by a licensed physician)

This individual has been hired for a position with COMET STAFFING, 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:

IMMUNIZATIONS:

Is this individual fully immunized?

- POLIO TETANUS MEASLES
- MUMPS RUBELLA TB

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:

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 COMET STAFFING

DOCTOR'S SIGNATURE: _____

DATE: _____

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION:

DOCTOR'S NAME: _____

ADDRESS: _____

PHONE No.: _____