

This form should be used by healthcare professionals to report on the fitness of duty to carry out the essential job functions of their position at LIFE Inc. Completed forms should be faxed to (401) 254-2912.

EMPLOYEE NAME:	
PHYSICIAN / FACILITY NAME:	PHONE: ()

The above named individual is employed in a field supporting individuals with disabilities in healthcare and residential settings. Essential job functions may include, but are not limited to:

- Administration of first aid
- Assistance with personal hygiene
- Driving passenger vehicles of various sizes
- Food preparation
- Hand-over-hand instruction
- Heavy lifting
- Implementation of behavioral interventions
- Nursing plans of care

In light of the above job functions as a treating physician I hereby determine:

INDIVIDUAL IS IN GOOD HEALTH AND I SEE NO REASON TO LIMIT INVOLVEMENT IN JOB FUNCTIONS: <input type="checkbox"/>	
INDIVIDUAL WILL NEED TO LIMIT INVOLVEMENT IN THE FOLLOWING JOB FUNCTIONS:	
<input type="checkbox"/> ADMINISTRATION OF FIRST AID <input type="checkbox"/> ASSISTANCE WITH HYGIENE <input type="checkbox"/> DRIVING VEHICLES <input type="checkbox"/> FOOD PREPARATION <input type="checkbox"/> HAND-OVER-HAND INSTRUCTION <input type="checkbox"/> HEAVY LIFTING <input type="checkbox"/> IMPLEMENTATION OF INTERVENTIONS <input type="checkbox"/> NURSING PLANS OF CARE	
INDIVIDUAL SHOULD UTILIZE THE FOLLOWING PPE:	DURATION:
<input type="checkbox"/> SURGICAL GLOVES <input type="checkbox"/> SURGICAL GOWN <input type="checkbox"/> SURGICAL MASK <input type="checkbox"/> FACE SHIELD	
ADDITIONAL COMMENTS:	

NAME:	SIGNATURE:	DATE:
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PLEASE FAX THIS FORM TO LIFE INC. AT:

401-254-2912

