

This form is used by the Human Resources Department to gather and ascertain the level of health of an employee as it pertains to their ability to carry out the necessary job functions of their position. This form should be filled out by the employee's primary care physician or other healthcare professional and returned to L.I.F.E. Inc.

EMPLOYEE NAME:	DATE:
DOCTOR OR HOSPITAL NAME:	PHONE: (     )     -

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

- **Administration of first aid**
- **Assistance with personal hygiene**
- **Driving vehicles of all 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:*

The above named individual is in good health and I see no reason to limit involvement in the described essential job functions

The above named individual will need to limit their involvement in the following essential job functions:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administration of first aid                | <input type="checkbox"/> Assistance with personal hygiene | <input type="checkbox"/> Driving vehicles of all sizes |
| <input type="checkbox"/> Food preparation                           | <input type="checkbox"/> Hand-over-hand instruction       | <input type="checkbox"/> Heavy lifting                 |
| <input type="checkbox"/> Implementation of behavioral interventions | <input type="checkbox"/> Nursing plans of care            | <input type="checkbox"/> Other _____                   |

COMMENTS/NOTES:

Please fax this form to L.I.F.E. Inc.'s Main Office at:  
(401) 254-2910

PHYSICIAN PRINTED NAME:	PHYSICIAN SIGNATURE:	DATE:
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